



This form can be used to register a microchip that has been previously implanted and not already registered with the Central Animal Records national database. Please note: The declaration must be completed by the owner before submission. The scanning information section must be completed for Victorian subscriptions. Incomplete forms will be returned to you. It is vital that all information on this form is provided. You will receive documentation from the Registry once details have been entered. The information provided on this form is used to ensure that the animal can quickly be returned to its owner. By submitting this form, you confirm that you have taken reasonable steps to verify that the above microchip number is correct. If you list the incorrect microchip number, your pet may not be returned to you if they were to go missing. There may also be penalties with your council if they ever scan your pet to check council registration. **DO NOT USE THIS FORM FOR MICROCHIP MIX-UPS OR MICROCHIP RE-CHIPS**

Subscription Form

With Payment Required

1. Animal Details

Fields marked with **!** are mandatory.

! Implant Date:	! Date of Birth or Age:	! Microchip Number:
Animal Name:	C.A.R. Tag (Optional):	
! Breed:	Cross-Breed:	
! Species:	! Colour:	! Source No. (VIC ONLY)
! Sex:	! Desexed:	! Breeder Supply No. (QLD ONLY)
Country (If Microchipped Overseas):		Declaration:
Address Where Animal Is Kept (If Different to Owner Address):		Dangerous Dog <input type="checkbox"/>
Address Line 1:		Menacing Dog <input type="checkbox"/>
Address Line 2:		Restricted Breed <input type="checkbox"/>

2. Vet Clinic/Organisation Details

Preferred in all states | Required in Victoria

<input type="radio"/> I have 'Scanned' this microchip ONLY (AIN not required)	! Vet/Nurse Name:	I acknowledge that the information contained is correct and that the owner has been advised of the privacy statement. Must be signed once animal is scanned and microchip number is verified.
OR	! Clinic/Organisation Name:	
<input type="radio"/> I have 'Implanted' this microchip (Must provide AIN below)	Address:	
Authorised Implanter Number (VIC) - Required A _____	Email:	
	Contact Number:	! Vet/Nurse Signature:

3. Owner/Breeder Details

No joint owners | No nicknames | Owner must be 18+

! First Name:	! Surname:	OR	! Business/Kennel Name:
! Address:		! State:	
! Council/Municipality:	! Suburb:	! Postcode:	
! Mobile Phone:	! Email:		
Home Phone:	! Alternate Contact Name:	Alternate contacts have no authority over the account to confirm or change details	
Work Phone:	! Alternate Contact Number:	! Owner Signature	

By signing I declare that the information above is true and correct and I am the legal owner of the animal outlined in the subscription. I confirm that I have read and understand the Central Animal Records Privacy Policy as it appears on www.car.com.au and I understand that the information is strictly confidential and CAR will only provide owner and pet information to authorised users to enable the return of pets to their owners, to assist Council pet registrations, or where Central Animal Records is required by law to produce any of the information.

4. Service Type

All service types include a lifetime subscription to Central Animal Records

<p>\$10.00 Lifetime Subscription</p> <p>+ Digital Certificate</p> <input type="radio"/>	<p>\$20.00 Lifetime Subscription</p> <p>+ Printed Deluxe Certificate + C.A.R. Collar Tag</p> <input type="radio"/>	<p>\$75.00 Lifetime Subscription</p> <p>+ Pet Portrait & Certificate + SMART Collar Tag + 12 Months V.I. Pet Trial</p> <input type="radio"/>	<p>\$180.00 Lifetime Subscription</p> <p>+ Pet Masterpiece & Certificate + SMART Collar Tag + Lifetime V.I. Pet</p> <input type="radio"/>
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5. Payment

Name On Card:	USE SPACE ABOVE TO PROVIDE CARD DETAILS - DO NOT INCLUDE IN BODY OF EMAIL	OR	Cheque or Money Order
Card Number:	Expiry Date:	<input type="checkbox"/>	Tick this box if you have enclosed a cheque or money order.
	CVC:		Note: Australia Post charges apply for Money Orders.