



# Subscription Form | Birds

## With Payment Required

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: You are required to have your pet scanned by a scanning centre such as a vet clinic to verify the microchip number is correct. The form must be signed by the scanning centre before submission to us. Incomplete forms will be returned to you.

**It is vital that all information on this form, if known, is provided.**

An Identification Certificate will be forwarded to the owner once details have been entered. The information provided on this form is used to ensure that the bird can quickly be returned to its owner.

### ANIMAL DETAILS

Implant Date: \_\_\_\_\_

Microchip Number: \_\_\_\_\_

Date of Hatch: \_\_\_\_\_

Bird Name: \_\_\_\_\_

Colour: Normal / Other (Specify below) \_\_\_\_\_

Implant Site: Left Pectoral Muscle / Other (Specify): \_\_\_\_\_

Sex: Male / Female / Unknown \_\_\_\_\_

Species (Common Name): \_\_\_\_\_

Leg Ring (optional) Left Leg / Right Leg Closed / Split \_\_\_\_\_

Leg Ring Number: \_\_\_\_\_ Leg Ring Colour: \_\_\_\_\_

### SCANNING INFORMATION

Vet Name: \_\_\_\_\_

Authorisation Number: \_\_\_\_\_

Clinic Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_

Postcode: \_\_\_\_\_

**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.**

Vet Signature: \_\_\_\_\_

Date: / /

### OWNER/BREEDER DETAILS

NO JOINT OWNERS | OWNER MUST BE 18 OR OLDER

Title: | Surname: \_\_\_\_\_ Given Name: \_\_\_\_\_ Breeder Supplier No. (QLD Only) \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Council/Municipality: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Alternate Contact Name: \_\_\_\_\_ Alternate Contact Number: \_\_\_\_\_

Alternate contacts have no authority over the account to confirm or change details

**By signing, I declare that the information above is true and correct. I confirm that I have read and understand Central Animal Records Privacy Policy as it appears on [www.car.com.au](http://www.car.com.au)**

Signature: \_\_\_\_\_

Date: / /

### SERVICE TYPE

Select One:

**\$10.00** Lifetime Subscription + (Digital Certificate)

**\$20.00** Lifetime Subscription + (Deluxe Certificate)

### PAYMENT DETAILS

Name On Card: \_\_\_\_\_

\_\_\_\_\_

Card Number: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Expiry Date: \_\_\_\_\_ CVC: \_\_\_\_\_

**Paid At Vet**

**OR**

Tick this box if you have already paid at your vet or scanning centre.

Note: We will invoice the Vet or scanning centre.

**Cheque or Money Order**

**OR**

Tick this box if you have enclosed a cheque or money order

Note: Australia Post charges apply for Money Orders

**Contact Me For Payment**

**OR**

Tick this box if you would like us to contact you to make payment over the phone.

Note: Transfers will not be processed until payment is made

Please send completed form to one of the following:

Email: [info@car.com.au](mailto:info@car.com.au)

Post: 22 Fiveways Boulevard, Keys borough, VIC 3173

Fax: 03 9706 3198