



Subscription Form | Birds

For Prepaid Microchips

Standard form for use by Vet clinics and authorised implanters for chips with pre-paid Central Animal Records registration.

It is vital that all information on this form 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.

A \$10.00 subscription fee applies to non prepaid microchips

ANIMAL DETAILS

Implant Date: _____

Date of Hatch: _____

Bird Name: _____

Colour: Normal / Other (Specify Below) _____

Species (Common Name): _____

Sex: Male / Female / Unknown _____

Implant Site: _____

Left Pectoral Muscle / Other (Specify): _____

Microchip Number:

Leg Ring Number (optional): _____

Closed / Split Left / Right Colour: _____

If this is a re-chip, please supply the previous microchip number here.

IMPLANTER INFORMATION

Implanter 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.

Implanter Signature: _____ Date: / /



For NON-Veterinary Implanters ONLY

Supervising Vet Name: _____

Authorisation Number: _____

Address: _____

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

Signature: _____ Date: / /

Please send completed form to one of the following:

Email: info@car.com.au

Post: 22 Fiveways Boulevard, Keys borough, VIC 3173

Fax: 03 9706 3198