



Breeder Re-Assignment Form

For New Owners - **CHIPS OTHER THAN TROVAN 956**

Please note that all notifications related to a transfer of ownership of animals listed on the Central Animal Records microchip registry must be made in writing. In addition, changes to the ownership records for the animal listed on this form, will only be made once the form and payment has been received, and all legal requirements have been met. Only use this form if both Breeder and Animal details are already listed on the Central Animal Records Database using the Breeder Litter Subscription Form. For Breeder to first owner, **A \$4.50 transfer fee applies to forms submitted and received within 2 months of the implant date.** Outside of this period, a \$15.00 fee will apply. Transfer fees are subject to change without notice.

ANIMAL DETAILS

Animal Name: _____	Microchip Number: _____
Breed: _____	_____
Colour: _____	
Sex: _____ Desexed: Y / N	Central Animal Records Tag Number (optional): _____

BREEDER DETAILS

Breeder Name: _____	I, as the previous owner of the animal detailed above, advise that I have transferred the ownership of this animal
Kennel/Business Name: _____	
Telephone: _____	
Mobile: _____	
Signature: _____ Date: / /	

NEW OWNER DETAILS

NO JOINT OWNERS | OWNER MUST BE 18 OR OLDER

Title: _____	Surname: _____	Given Name: _____
Address: _____		
Suburb: _____	State: _____	Postcode: _____
Council/Municipality: _____	Home Phone: _____	Fax: _____
Mobile Phone: _____	Work Phone: _____	
Email: _____		
Alternative Contact (If you cannot be reached)		
Name: _____	Alternate contacts have no authority over the account to confirm or change details	
Contact Number: _____		
By signing, I declare that the information above is true and correct.	Signature: _____ Date: / /	
I confirm that I have read and understand Central Animal Records Privacy Policy as it appears on www.car.com.au	OR	

PAYMENT DETAILS \$4.50

\$15.00 FEE APPLIES AFTER 2 MONTHS FROM IMPLANT DATE

Credit Card Details Card Type: Visa / Mastercard Name on card: _____ Card Number: / / / Expiry Date: / CVC: _____	OR	Cheque or Money Order <input type="checkbox"/> Tick this box if you have enclosed a cheque or money order <small>Note: Australia Post charges apply for Money Orders</small>	OR	Contact Me For Payment <input type="checkbox"/> Tick this box if you would like us to contact you to make payment over the phone. <small>Note: Transfers will not be processed until payment is made</small>	

Please send completed form to one of the following:

Email: info@car.com.au

Post: 22 Fiveways Boulevard, Keysborough, VIC 3173

Fax: 03 9706 3198