

**Brood Subscription** \$9.95 Fee Applies To Non-Prepaid Microchips



A portion of all CAR subscription fees helps to support Australian Animal Welfare Organisations

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This form enables multiple birds in a brood (including Breeder details) to be recorded after implantation and signature by an authorised implanter. 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.

1. Brood Details		Fields marked with 🌗 are mandatory.
Implant Date:	Date of Birth/Hatch Date:	Implant Site:
Breed:		Left Pectoral Muscle
9 Species:		Other (Specify)

2. 🌓 Sex	\rm Colour	I Microchip Label	Bird Nam	e \ Leg Ring
Male Female Unknown			Name:	
			Leg Ring: Left OR Right	Leg Ring Number:
			Closed OR Split	Leg Ring Colour:
Male Female Unknown			Name:	
			Leg Ring: Left OR Right	Leg Ring Number:
			Closed OR Split	Leg Ring Colour:
Male Female Unknown			Name:	
			Leg Ring: Left OR Right	Leg Ring Number:
			Closed OR Split	Leg Ring Colour:
Male Female Unknown			Name:	
			Leg Ring: Left OR Right	Leg Ring Number:
			Closed OR Split	Leg Ring Colour:
Male Female Unknown			Name:	
			Leg Ring: Left OR Right	Leg Ring Number:
			Closed OR Split	Leg Ring Colour:
Male Female Unknown			Name:	
			Leg Ring: Left OR Right	Leg Ring Number:
			Closed OR Split	Leg Ring Colour:
Male Female Unknown			Name:	
			Leg Ring: Left OR Right	Leg Ring Number:
			Closed OR Split	Leg Ring Colour:
Male Female Unknown			Name:	
			Leg Ring: Left OR Right	Leg Ring Number: Leg Ring Colour:
			Closed OR Split	Leg King Colour.
Male Female Unknown			Name:	
			Leg Ring: Left OR Right	Leg Ring Number:
			Closed OR Split	Leg Ring Colour:
Male Female Unknown			Name:	
			Leg Ring: Left OR Right	Leg Ring Number:
			Closed OR Split	Leg Ring Colour:

Clinic/Organisation Name:				Implanter Full Name:	
Clinic/Organisation Address:			C	Authorised Implanter Number (VIC) - Required	A
Suburb:		Postcode:	[	Implanter Number (Other States) - If Applicable	
elephone:			be	en advised of the privacy stateme	
mail Address:				ust be signed once animal is scanne Authorised Implanter Signature:	d and microchip number is verified. Supervising Vet Signature:
			(		
	Implanting Orga	anisation OR Vet Clinic Clie AR OFFICE USE ONLY)	ent ID		) and/or (
4. Owner Det	(Č.	anisation OR Vet Clinic Clie AR OFFICE USE ONLY) No joint owners		mes   Owner must be 1	
4. Owner Det Given Name:	(Č.	AR OFFICE USE ONLY)	No nicknar	mes   Owner must be 1	
	tails	AR OFFICE USE ONLY) No joint owners	No nicknar		
Given Name:	tails	AR OFFICE USE ONLY) No joint owners	No nicknar	s/Kennel Name:	
Given Name: Address:	tails	AR OFFICE USE ONLY) No joint owners	No nicknar	s/Kennel Name:	8+ State:
Given Name: Address: Council/Minicipality:	tails	AR OFFICE USE ONLY) No joint owners O	No nicknar	s/Kennel Name:   Suburb:  Postcode:  Work Phone:  he information above is true and correct and I am the leg al Animal Records Privacy Policy as it appears on www.	8+ State:

Email: info@car.com.au

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