Fax: 03 9706 3198



Subscription Form | Horses 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 horse can quickly be returned to its owner.

Implant Date:	Micro	chip Number:			
Date of Birth:					
Animal Name:	_				-
Breed:	Centr	al Animal Records Tag Numl	per (optional):		
Colour:					
Species: Equine	Sex:	Mare	Stallion	Gelding	
	_				
SCANNING INFO	RMATION				
Vet Name:		Authorisation Number	:		
Clinic Name:		Telephone:			
Address:					
Suburb:		Postcode:			
	nation contained is correct and		dvised of the priva	acy statement.	
	scanned and microchip number is	verified.			
Vet Signature:			Date:		
Vet Signature:			Date:	1 1	
Vet Signature: OWNER/BREEDE	R DETAILS NO) JOINT OWNERS OV	Date:		
		JOINT OWNERS OV	WNER MUST BE		RLD Only
OWNER/BREEDE		•	WNER MUST BE	: 18 OR OLDER	QLD Only
OWNER/BREEDE Title: Surname:		•	VNER MUST BE	: 18 OR OLDER	RLD Only
OWNER/BREEDE Title: Surname: Address: Suburb:	Given	•	VNER MUST BE	: 18 OR OLDER eder Supplier No. (C	QLD Only
OWNER/BREEDE Title: Surname: Address:	Given	•	WNER MUST BE Bree	: 18 OR OLDER eder Supplier No. (C	RLD Only
OWNIER/BRIEDE Title: Surname: Address: Suburb: Council/Municipality:	Given	Name:	WNER MUST BE Bree	: 18 OR OLDER eder Supplier No. (C	
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Please send completed form to one of the following: