

CENTRAL ANIMAL RECORDS AUST. PTY. LTD.
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Keysborough Vic. 3173
Australia
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Qualified Microchip Implanter Application

Name of Applicant.....
Title Surname Given Name(s)

Home Address.....

Suburb..... Postcode.....

Telephone..... Mobile..... Email.....

Business Name.....

Address.....

Suburb..... Postcode.....

Telephone..... Fax..... Email.....

I declare that I am a person with Certificate III (or higher) in Vet Nursing, Animal Technology, Animal Management, Animal Welfare Regulation (or other approved qualification)*;

- who has completed the Victorian Microchip Implantation Procedures Competency for Cats & Dogs*;
- and
- is employed by or has a written agreement with a registered Veterinarian to supervise them.

Once completed, send back to Central Animal Records along with a copy of the certificate issued to you by the provider of the implantation course, and confirmation of your required veterinary nursing/animal tech qualifications.*

Signature..... Date.....

Supervising Veterinarian Declaration

I declared that the above person

is employed by

has a written agreement with

..... to supervise the implanting of microchips.
Inset clinic or registered Veterinarian name

Signature of Supervising Implanter

Name of Supervising Implanter.....
please print clearly

Authorised Implanter Number.....

Date...../...../.....

* Please ensure copies of documentation are supplied. Applications cannot be processed without supporting documentation.