

Details of Applicant	
Title: <input type="checkbox"/> Dr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Mr Other.....	
Surname:	Given Names:
Home Address:	Business Name & Address:
.....
.....
Home Suburb:	Business Suburb:
State: Postcode:	State: Postcode:
Bus Telephone:	Bus Facsimile:
Email:	

Registered Veterinarian
Board Registration No:

Approved Training Course	
AVA Microchip Training Course <input type="checkbox"/>	VBN287 TAFE Course in Microchip Implantation for Cats and Dogs <input type="checkbox"/>

All applicants must provide a copy of supporting documentation to confirm Veterinary Registration and completion of Microchip Training. Incomplete applications will be returned.

Signature _____ Date _____

Upon completion please send back to Central Animal Records (a Victorian Licensed Registry) by fax (03) 9706 3198 or mail to 22 Fiveways Blvd. Keysborough, Vic 3173. This information will be placed on the Victorian Implanter database, accessible by all Victorian licensed registry's and the Department of Primary Industries. A certificate reflecting your authorised implanter number will be forwarded directly to you

