



Litter Subscription

\$9.95 Fee Applies To Non-Prepaid Microchips



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

This form enables multiple animals in a litter (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. Litter Details

Fields marked with **!** are mandatory.

! Implant Date: _____ **!** Date of Birth: _____

! Breed: _____

Tick for Cross-Breed Specify Cross-Breed (optional): _____

! Species: _____

! Source No. (VIC ONLY) _____

! Breeder Supply No. (QLD ONLY) _____

! Desexed: No Yes

! Sex		! Animal Colour	! Microchip Label	Name \ C.A.R. Tag
Male <input type="checkbox"/>	Female <input type="checkbox"/>			Name: _____ C.A.R. Tag: _____
Male <input type="checkbox"/>	Female <input type="checkbox"/>			Name: _____ C.A.R. Tag: _____
Male <input type="checkbox"/>	Female <input type="checkbox"/>			Name: _____ C.A.R. Tag: _____
Male <input type="checkbox"/>	Female <input type="checkbox"/>			Name: _____ C.A.R. Tag: _____
Male <input type="checkbox"/>	Female <input type="checkbox"/>			Name: _____ C.A.R. Tag: _____
Male <input type="checkbox"/>	Female <input type="checkbox"/>			Name: _____ C.A.R. Tag: _____
Male <input type="checkbox"/>	Female <input type="checkbox"/>			Name: _____ C.A.R. Tag: _____
Male <input type="checkbox"/>	Female <input type="checkbox"/>			Name: _____ C.A.R. Tag: _____
Male <input type="checkbox"/>	Female <input type="checkbox"/>			Name: _____ C.A.R. Tag: _____
Male <input type="checkbox"/>	Female <input type="checkbox"/>			Name: _____ C.A.R. Tag: _____

3. Implanting Vet Clinic/Organisation Details

! Clinic/Organisation Name: _____

! Clinic/Organisation Address: _____

Suburb: _____ Postcode: _____

Telephone: _____

Email Address: _____

Implanting Organisation OR Vet Clinic Client ID (CAR OFFICE USE ONLY)

! Implanter Full Name: _____

! Authorised Implanter Number (VIC) - Required	A _ _ _ _
Implanter Number (Other States) - If Applicable	

I acknowledge that the information contained is correct and that the owner has been advised of the privacy statement.
Must be signed once animal is scanned and microchip number is verified.

Authorised Implanter Signature: _____ and/or Supervising Vet Signature: _____

! _____

4. Owner Details

No joint owners | No nicknames | Owner must be 18+

! Given Name: _____ **!** Surname: _____ **OR** **!** Business/Kennel Name: _____

! Address: _____ **!** Suburb: _____

! Council/Municipality: _____ **!** Postcode: _____ **!** State: _____

! Mobile: _____ Home Phone: _____ Work Phone: _____

! Email: _____

! Alternate Contact Name: _____

! Alternate Contact Number: _____

! Owner Signature _____

By signing I declare that the information above is true and correct and I am the legal owner of the animal outlined in the subscription. I confirm that I have read and understand the Central Animal Records Privacy Policy as it appears on www.car.com.au and I understand that the information is strictly confidential and CAR will only provide owner and pet information to authorised users to enable the return of pets to their owners, to assist Council pet registrations, or where Central Animal Records is required by law to produce any of the information. NOTE: Alternate contacts have no authority over the account to confirm or change details.

Please send completed form to one of the following: