

## **Litter Subscription**

\$9.95 Fee Applies To Non-Prepaid Microchips

CARMA tor animals
animals

## 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.

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Direct Date:   Direct Supply No.(3 D ONY)   Secretary   Direct Supply No.(3 D ONY)   Secretary   Direct Supply No.(3 D ONY)   Secretary   Direct Supply No.(3 D ONY)   Direct Supply No.(3 D	1.	Litter Details		Fields Illai ked With	are mandatory.
**Septice:	Implant Date:	Date o	f Birth:	Source No.(VIC ONLY)	Breeder Supply No.(QLD ONLY)
Specials    Postcode   No   Yos	Breed:			_	
Sec   Animal Colour   Microchip Label   Name (CA.R. Tg)	_	Specify Cross-Breed (optional):			
Name   CAR Try   Name	Species:			No	Yes
Mus Female  Mus Fe	2. <b>()</b> Sex	Animal Colour	<b>()</b> :	Microchip Label	Name ∖ C.A.R. Tag
Male Fande   Male Fande	Male Female			-	Name:
Made Fernals  Ma					C.A.R. Tag:
Name   CAR Tag	Male Female				Name:
CAR Top:					C.A.R. Tag:
Name   CAR Tag   Name	Male Female				Name:
Male Female  Male Male Female  Male Male Female  Male Male Female  Male Male Male Male Male Male Male Male					C.A.R. Tag:
Name   Formate   Name   CAR Tag:	Male Female				Name:
Maile Fernale    Maile Fernale					C.A.R. Tag:
Name   Formula   Name   CAR Tag	Male Female				Name:
Malo Female   Malo Female					C.A.R. Tag:
Male Female    Male Female   CAR Tag	Male Female				Name:
Male Female    CAR Tog:					C.A.R. Tag:
Male Female  Male Female  Male Female  Male Female  CAR Tag:  Name:  CAR Tag:  Authorised Implanter Full Name:  Destroods:  Implanting Vot Clinic/Organisation Address:  Destroods:  Implanting Organisation Address:  Implanting Organisation Address:  Implanting Organisation OR Vet Clinic Client ID  CAR Tag:  Authorised Implanter Humber (VIC) - Required Implanter Humber (VIC) - Required Implanter Number (VIC) - Re	Male Female				Name:
Male Female    Male Female   CAR Tag   Marine: C					C.A.R. Tag:
Male Female    CAR Tag	Male Female				Name:
Male Female    CAR Tag:					C.A.R. Tag:
Suburb:   Postcode:   Implanting Vet Clinic/Organisation Details	Male Female				Name:
3. Implanting Vet Clinic/Organisation Details  Clinic/Organisation Name:  Clinic/Organisation Address:  Clinic/Organisation Address:  Destroy Clin					C.A.R. Tag:
3. Implanting Vet Clinic/Organisation Details  ① Clinic/Organisation Name: ① Clinic/Organisation Address:  Description:  Quarter Full Name: ② Clinic/Organisation Address:  Postcode:  Telephone:  Email Address:  Implanting Organisation OR Vet Clinic Client ID (CAR OFFICE USE ONLY)  Implanting Organisation OR Vet Clinic Client ID (CAR OFFICE USE ONLY)  Authorised Implanter Number (VIC) - Required Implanter Suprature Implanter Suprature Implanter Suprature Implanter Supravising Vet Signature:  Authorised Implanter Supravising Vet Signature: ③ Authorised Implanter Signature: ③ Authorised Implanter Signature: ③ Supervising Vet Signature: ④ Address: ④ Supervising Vet Signature: ④ Address: ⑤ Supervising Vet Signature: ⑤ Supervising Vet Signature: ⑥ Supravising Vet Signature: ⑥ Supervising Vet Signature: ⑥ Sup	Male Female				Name:
Clinic/Organisation Name:  Clinic/Organisation Address:  Description:  Suburb:  Elephone:  Email Address:  Implanting Organisation OR Vet Clinic Client ID (CAR OFFICE USE ONLY)  Implanter Signature:  Implanting Organisation OR Vet Clinic Client ID (CAR OFFICE USE ONLY)  Authorised Implanter Number (Other States) - If Applicable  Inplanter Number (Other States) - If Applicable  Inplanter Signature:  Supervising Vet Signature:  Authorised implanter Signature:  Supervising Vet Signature:  OR Business/Kennel Name:  Address:  OR Suburb:  Council/Minicipality:  Postcode:  Suburb:  Council/Minicipality:  Address:  Authorised implanter Signature:  Supervising Vet Signature:					C.A.R. Tag:
Clinic/Organisation Name:  Clinic/Organisation Address:  Description:  Suburb:  Elephone:  Email Address:  Implanting Organisation OR Vet Clinic Client ID (CAR OFFICE USE ONLY)  Implanting Organisation OR Vet Clinic Client ID (CAR OFFICE USE ONLY)  Authorised Implanter Number (Other States) - If Applicable  Iacknowledge 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:  Supervising Vet Signature:  Authorised Implanter Signature:  Supervising Vet Signature:  OR  Business/Kennel Name:  Address:  Council/Minicipality:  Postcode:  Suburb:  Suburb:  Suburb:  Suburb:  Mobile:  Home Phone:  By spring I acclose that the information above a torus and correct and it has basencedous to confirm of where counting of the severed cultimed in the subscription. I confirm that I have need.  Work Phone:  By spring I acclose that the information above a torus and correct and it an the lagge cover of the severed cultimed in the subscription. I confirm that I have need.  Work Phone:  Alternate Contact Name:	3. Implant	ing Vet Clinic/Organisation D	etails		
Authorised Implanter Number (VIC) - Required Implanter Number (VIC) - Requ			otano	Implantor Full Name:	
Suburb:  Telephone:  Email Address:  Implanting Organisation OR Vet Clinic Client ID (CAR OFFICE USE ONLY)  Authorised Implanter Signature:  Implanting Organisation OR Vet Clinic Client ID (CAR OFFICE USE ONLY)  4. Owner Details  No joint owners   No nicknames   Owner must be 18+  4. Owner Details  OR Business/Kennel Name:  Address:  Supervising Vet Signature:  OR Suburb:  OR Suburb:  OR Suburb:  OR Suburb:  OR Suburb:  OR Suburb:  Address:  OR Suburb:  Address:  Address:  OR Suburb:  OR Suburb:  OR Suburb:  Address:  Ad					
Suburb:  Telephone:  Telephone:  Implanting Organisation OR Vet Clinic Client ID (CAR OFFICE USE ONLY)  Implanting Organisation OR Vet Clinic Client ID (CAR OFFICE USE ONLY)  Atthorised Implanter Signature:  Supervising Vet Signature:  Authorised Implanter Signature:  OR I Business/Kennel Name:  Address:	Olinic/Organisatio	iii Audiess.		Number (VIC) - Required	A
Telephone:  Email Address:  Implanting Organisation OR Vet Clinic Client ID (CAR OFFICE USE ONLY)  Implanting Organisation OR Vet Clinic Client ID (CAR OFFICE USE ONLY)  Authorised Implanter Signature:  Supervising Vet Signature:  and/or  4. Owner Details  No joint owners   No nicknames   Owner must be 18+  OR   Business/Kennel Name:  Address:  Supervising Vet Signature:  Supervising Vet Sig	Out to control		Destandar		
Must be signed once animal is scanned and microchip number is verified.  Email Address:    Authorised Implanter Signature:   Supervising Vet Signature:     Implanting Organisation OR Vet Clinic Client ID (CAR OFFICE USE ONLY)     And/or			Postcode:	I acknowledge that the information conta	ained is correct and that the owner has
Implanting Organisation OR Vet Clinic Client ID  (CAR OFFICE USE ONLY)  4. Owner Details  No joint owners   No nicknames   Owner must be 18+  (Given Name: Sumame: Sum					d microchip number is verified.
4. Owner Details  No joint owners   No nicknames   Owner must be 18+  Given Name:  Business/Kennel Name:  Suburb: Council/Minicipality:  Postcode: State:  Work Phone:  Work Phone:  Spring 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 that Chertal Animal Records Privacy Policy as it appears on www.carcom.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. Owner	Email Address:				Supervising Vet Signature:
Given Name:		Implanting Organis	ation OR Vet Clinic Client ID FFICE USE ONLY)	(I) ai	nd/or (
Given Name:					
Address:  Council/Minicipality: Postcode: State:  Mobile: Home Phone:  Work Phone:  Email:  Alternate Contact Name:  Owner	4.	Owner Details	No joint owners   No	nicknames   Owner must be 18+	
Council/Minicipality:    Mobile: Home Phone: Work Phone:   Email:   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 that 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 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.  Owner	Given Name:	Surname:	OR ()	Business/Kennel Name:	
Work Phone:    Brail:   Email:   Email:   Sy 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 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.    Owner   O	Address:			Suburb:	
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	Alternate Contact	t Number:	•		

Fax: 03 9706 3198