



Subscription Form

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 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.

DO NOT USE THIS FORM FOR MICROCHIP MIXUPS OR MICROCHIPS RECHIPS

ANIMAL DETAILS

Implant Date: _____	Microchip Number: _____
Date of Birth: _____	<input type="checkbox"/>
Animal Name: _____	
Breed: _____	Source No. (VIC ONLY) per.animalwelfare.vic.gov.au/
Species: _____ Colour: _____	Breeder Supply No. (QLD ONLY) qdr.daf.qld.gov.au/information/dog-breeders/
Sex: _____ Desexed: Y / N	Central Animal Records Tag Number (optional): _____
Dangerous Dog <input type="checkbox"/>	Country (If pet was microchipped overseas): _____
Menacing Dog <input type="checkbox"/>	
Restricted Breed <input type="checkbox"/>	

SCANNING INFORMATION

Vet Name: _____	Authorisation Number: _____	<input type="checkbox"/> <p>Attached Certificate of Registration</p> <p>Tick this box if you have enclosed a certificate of registration from either:</p> <p>a. NSW Pet Registry</p> <p>b. SA Dogs and Cats Online</p>
Clinic Name: _____	Telephone: _____	
Address: _____		
Suburb _____	Postcode: _____	
<p>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.</p>		
Vet Signature: _____	Date: / /	

OWNER/BREEDER DETAILS

NO JOINT OWNERS | OWNER MUST BE 18 OR OLDER

Given Name: _____	Surname: _____	OR	Business/Kennel Name: _____
Address: _____			
Council/Municipality: _____	Suburb: _____	State: _____	
Mobile Phone: _____	Home Phone: _____	Postcode: _____	
Email: _____	Work Phone: _____		
Alternate Contact Name: _____	Alternate Contact Number: _____	Alternate contacts have no authority over the account to confirm or change details	
<p>By signing, I declare that the information above is true and correct. I confirm that I have read and understand Central Animal Records Privacy Policy as it appears on www.car.com.au</p>			
Signature: _____		Date: / /	

SERVICE TYPE

Select One:

\$10.00 Lifetime Subscription + (Digital Certificate)

\$20.00 Lifetime Subscription + (Deluxe Certificate) + (C.A.R. Collar Tag)

PAYMENT DETAILS

Name On Card: _____

Card Number: _____

Expiry Date: _____

USE SPACE BELOW TO PROVIDE CARD DETAILS - DO NOT INCLUDE IN BODY OF EMAIL

CVC: _____

Paid At Vet

Tick this box if you have already paid at your vet or scanning centre.

Note: We will invoice the Vet or scanning centre.

Cheque or Money Order

Tick this box if you have enclosed a cheque or money order

Note: Australia Post charges apply for Money Orders

Please send completed form to one of the following: