

Re-Chip Form Fees May Apply

This form can be used for animals who are currently listed on Central Animal Records and have been rechipped or already have two microchips. In order for this form to be Into some can be used for animate with or ac currently issed on Central Animal records and nave been recripped or a intended with or in the form of the processed, the checkiest and form must be completed in full. Failure to do so will result in your form not being processed. Changes to the ownership records for the animal identified with the microchip(s) listed on this form, will only be made once the form and payment has been received, and all legal requirements have been met. In addition, the scanning section must be completed so that we can use this form to register the microchip(s) if required. *FEES: A \$15.00 fee applies if a transfer of ownership is required. If both microchips are unregistered, a \$10.00 subscription fee applies. Payment must accompany this form, & can be made by cheque or money order, made out to Central Animal Records, or by completion of credit card details (see below). Once processed, a Certificate of Identification reflecting these changes will be issued to the new owner. Provision for the previous owner's permission has not been provided on this form and thus transfer can take up to 23 days as we are legally required to contact the previous owner for consent to transfer ownership. Transfer fees are subject to change without notice.

Fields marked with **()** are mandatory.

DO NOT ENTER SUBSCRIPTION ONLINE - SEND TO CENTRAL ANIMAL RECORDS ONLY

| 1. Reason For Re-Ch | nip | | | | |
|--|---|---|------------------------------------|--|--|
| Microchip not scanning | Microchip moved out of detecta | able zone | Other (Specify) | | |
| 2. Animal Details | Check re | egistration www.petad | dress.com.au | | |
| Implant Date: | Date of Birth or Age: | | Original Microchip (Non-S | Scanning): | |
| Animal Name: | C.A.R. Tag (Optional): | | | | |
| Breed: | Cross-Breed: | | C.A.R. Not | | |
| Species: | Colour: | | Registered Registered Registered | | |
| Sex: | Desexed: | | New Microchip (Fully-functioning): | | |
| Source No. | Breeder Supply No. | | (| | |
| (| (425 5.121) | | C.A.R. Not Registered Registered | | |
| | | | | <u> </u> | |
| 3. Implanting Vet Cli | nic/Organisation Details | | | | |
| Clinic/Organisation Name: | | Implanter Full Name: | | | |
| ① Clinic/Organisation Address: | | | ed Implanter | | |
| Suburb: | | Number (VIC) - Nequired 7.1 | | | |
| Postcode: | State: | | ter Number s) - If Applicable | | |
| Telephone: | | | | | |
| Email Address: | | | | | |
| Implanting Organisation | | Authorised Implanter Signature | | | |
| | OR Vet Clinic Client ID | | Qualified/Supervising | | |
| | (CAR OFFICE USE ONLY) | Vet Signa | | | |
| 4. Owner/Breeder Det | ails No joint owners | No nicknames | Owner must be 18+ | | |
| First Name: | Surname: | | Business/Kennel Name: | | |
| | | OR | | | |
| Address: | | | State | e: | |
| Council/Municipality: | Suburb: | | Post | tcode: | |
| Mobile Phone: | Email: | | | | |
| Home Phone: | Alternate Contact | Name: | | Alternate contacts have no authority over the account to | |
| Work Phone: | Alternate Contact | | · | confirm or change details | |
| on this form and I confirm that I have read and understand the C information is strictly confidential and CAR will only provide owr | at and I am the legal owner of the animal outlined in the subscription central Animal Records Privacy Policy as it appears on www.car.com er and pet information to authorised users to enable the return of pet and pet information to authorised users to enable the return of pet and pet in the produce and of the information. | n.au and I understand that the ets to their owners, to assist | Owner/Agent Signature | | |
| Council pet registrations, or where Cent | tral Animal Records is required by law to produce any of the informa | nuon. | · | | |
| 5. Payment | \$15.00 fee applies if an o | ownership change is re | quired | Charrie an | |
| Name On Card: | | | Expiry Date: | Cheque or Money Order | |
| Card Number: | | | CVC: | Tick this box if you have enclosed a cheque or money order. Note: | |
| | - to | | | cheque or money order. Note: Australia Post charges apply for Money Orders. | |