



# Subscription Form | Reptiles

## For Prepaid Microchips

Standard form for use by Vet clinics and authorised implanters for chips with pre-paid Central Animal Records registration.

**It is vital that all information on this form is provided.**

An Identification Certificate will be forwarded to the owner once details have been entered. The information provided on this form is used to ensure that the reptile can quickly be returned to its owner.

A \$10.00 subscription fee applies to non prepaid microchips

### ANIMAL DETAILS

Implant Date: \_\_\_\_\_

Date of Birth/Hatch: \_\_\_\_\_

Reptile Name: \_\_\_\_\_

Species (Common Name): \_\_\_\_\_

Colour: \_\_\_\_\_

Sex: Male / Female / Unknown \_\_\_\_\_

Implant Site: \_\_\_\_\_

Microchip Number:

\_\_\_\_\_

If this is a re-chip, please supply the previous microchip number here.

\_\_\_\_\_

### IMPLANTER INFORMATION

Implanter Name: \_\_\_\_\_

Authorisation Number: \_\_\_\_\_

Clinic Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_

Postcode: \_\_\_\_\_

**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.**

Implanter Signature: \_\_\_\_\_

Date: / /



**For NON-Veterinary Implanters ONLY**

Supervising Vet Name: \_\_\_\_\_

Authorisation Number: \_\_\_\_\_

Address: \_\_\_\_\_

### OWNER/BREEDER DETAILS

NO JOINT OWNERS | OWNER MUST BE 18 OR OLDER

Title: \_\_\_\_\_ | Surname: \_\_\_\_\_ Given Name: \_\_\_\_\_

Breeder Supplier No. (QLD Only) \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_

State: \_\_\_\_\_

Postcode: \_\_\_\_\_

Council/Municipality: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Alternate Contact Name: \_\_\_\_\_

Alternate Contact Number: \_\_\_\_\_

Alternate contacts have no authority over the account to confirm or change details

**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](http://www.car.com.au)**

Signature: \_\_\_\_\_

Date: / /

**Please send completed form to one of the following:**

Email: [info@car.com.au](mailto:info@car.com.au)

Post: 22 Fiveways Boulevard, Keys borough, VIC 3173

Fax: 03 9706 3198