



Subscription Form

For New Microchip Implants ONLY

\$9.95 Fee Applies To Non-Prepaid Microchips



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

Standard form for use by Vet clinics and authorised implanters for chips with and without pre-paid Central Animal Records registration. 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. Central Animal Records will only release the owner information to assist in reuniting the owner with their pet or if required by law. Councils have access to your owner and pet information on Central Animal Records and other national animal microchip registries and may use this information to assist with local council pet registrations and in administration of legislation. **DO NOT USE THIS FORM FOR MICROCHIP MIX-UPS OR MICROCHIP RE-CHIPS**

Switch to Central Animal Records Online

No PAPERWORK. NO PHONE CALLS. NO WAIT TIMES.

Go to car.com.au and 'Create Account'

1. Animal Details

Fields marked with **!** are mandatory.

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

Animal Name: _____

C.A.R. Tag (Optional): _____

! Breed: _____

Cross-Breed: _____

! Species: _____ **!** Colour: _____

! Sex: _____ **!** Desexed: _____

Address Where Animal Is Kept (If Different to Owner Address):

Address Line 1: _____

Address Line 2: _____

! Microchip Number: _____

! Source No. (VIC ONLY) _____

! Breeder Supply No. (QLD ONLY) _____

This animal has been declared as:

Dangerous Dog

Menacing Dog

Restricted Breed

2. Implanting Vet Clinic/Organisation Details

! Clinic/Organisation Name: _____

! Clinic/Organisation Address: _____

Suburb: _____

Postcode: _____ State: _____

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 _____

! Authorised Implanter Signature _____

! Qualified/Supervising Vet Signature _____

3. Owner/Breeder Details

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

OR

! First Name: _____ **!** Surname: _____

! Business/Kennel Name: _____

! Address: _____ **!** State: _____

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

! Mobile Phone: _____ **!** Email: _____

Home Phone: _____ **!** Alternate Contact Name: _____

Work Phone: _____ **!** Alternate Contact Number: _____

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

Details True & Correct + Read & Understand Privacy Policy
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 agree to the terms outlined on this form and I confirm that I have read and understand the Central Animal Records Privacy Policy as it appears on www.car.com.au.

Authorisation for CAR to Provide Owner/Pet Details to Return Pets
By signing, I agree to the terms outlined on this form and I confirm that I authorise CAR to provide my owner and pet information to authorised users to enable the return of my pet(s) to me.

If you DO NOT wish for your owner and pet information to be passed on to authorised users to enable the return of your pet(s), please contact us after your pet has been listed on CAR so that we can take the appropriate measures to meet those wishes.

! Signing Date DD / MM / YYYY _____

! Owner Signature _____