



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.

ANIMAL DETAILS

Implant Date: _____	Microchip Number: <div style="border: 1px solid red; border-radius: 10px; padding: 5px; text-align: center;">-----</div>
Date of Birth: _____	
Animal Name: _____	
Breed: _____	Central Animal Records Tag Number (optional): _____
Species: _____	Produced a Litter: Y / N _____
Colour: _____	Country (If pet was microchipped overseas): _____
Sex: _____ Desexed: Y / N _____	Dangerous Dog <input type="checkbox"/> Menacing Dog <input type="checkbox"/> Restricted Breed <input type="checkbox"/>

SCANNING INFORMATION

Vet 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.

Vet Signature: _____	Date: / /
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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

Signature: _____	Date: / /
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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: _____ CVC: _____

Paid At Vet

OR

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

OR

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

Note: Australia Post charges apply for Money Orders

Contact Me For Payment

OR

Tick this box if you would like us to contact you to make payment over the phone.

Note: Transfers will not be processed until payment is made

Please send completed form to one of the following:

Email: info@car.com.au

Post: 22 Fiveways Boulevard, Keys borough, VIC 3173

Fax: 03 9706 3198