



Subscription Form

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.

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.

A \$10.00 subscription fee applies to non prepaid microchips

ANIMAL DETAILS

Implant Date: _____

Date of Birth: _____

Animal Name: _____

Breed: _____

Species: _____

Colour: _____

Sex: _____ Desexed: Y / N

Dangerous Dog Menacing Dog Restricted Breed

Microchip Number:

Central Animal Records Tag Number (optional): _____

Produced a Litter: Y / N

Has this animal been re-microchipped (Circle): Yes / No

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

Signature: _____ Date: / /

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