



Switch to C.A.R. Form

New Subscription With Payment Required (Excludes VIC)

This form can be used to register a microchip that has been previously implanted and listed on a national microchip registry database other than Central Animal Records. You are required to provide a certificate of ownership from the other registry and sign this document before sending it Central Animal Records for processing. It is vital that all information on this form is provided as this information is used to ensure that the animal can quickly be returned to its owner. You will receive documentation from Central Animal Records once the details have been entered.

Note: Registration to C.A.R. can only be completed once we receive confirmation of de-registration from the other registry. The microchip must already be listed in your name on the other registry database for this transfer to Central Animal Records to be accomplished.

IT IS THE RESPONSIBILITY OF THE OWNER TO CONTACT THE OTHER REGISTRY FOR DE-REGISTRATION.

ANIMAL DETAILS

Implant Date: _____	Microchip Number: _____
Date of Birth: _____	_____
Animal Name: _____	_____
Breed: _____	Central Animal Records Tag Number (optional): _____
Species: _____ Colour: _____	Previous Database (Circle):
Sex: _____ Desexed: Y / N	<input type="radio"/> AAR <input type="radio"/> HOMESAFE ID <input type="radio"/> GLOBAL MICRO <input type="radio"/> PETSAFE
Breeder Supplier No. _____	Dangerous Dog <input type="checkbox"/> Menacing Dog <input type="checkbox"/> Restricted Breed <input type="checkbox"/>

WHAT YOU NEED TO DO

- Fill in Switch to C.A.R. form in full, ensuring all of the information provided is true and correct
- Contact the previous database circled above to have microchip de-registered
- Attach proof of ownership from the other database e.g. Certificate of Ownership
- Send completed form through to Central Animal Records with relevant documentation and payment

OWNER/BREEDER DETAILS

NO JOINT OWNERS | OWNER MUST BE 18 OR OLDER

Title: _____ Surname: _____	Given Name: _____
Address: _____	
Suburb: _____	State: _____ Postcode: _____
Council/Municipality: _____	Home Phone: _____ Fax: _____
Mobile Phone: _____	Work Phone: _____
Email: _____	Alternate contacts have no authority over the account to confirm or change details
Alternate Contact Name: _____	Alternate Contact Number: _____

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: ____ / ____ / ____

SERVICE TYPE

Select One:

\$15.00 Lifetime Subscription + (Digital Certificate)

\$25.00 Lifetime Subscription + (Deluxe Certificate) + (C.A.R. Collar Tag)

PAYMENT DETAILS

Includes \$5.00 Surcharge For Re-Registration

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

Please send completed form to one of the following:

Email: info@car.com.au

Post: 22 Fiveways Boulevard, Keysborough, VIC 3173

Fax: 03 9706 3198