



Returning Lost Pets Home

Central Animal Records (Aust) Pty Ltd
22 Fiveways Boulevard, Keysborough VIC 3173
Phone 03) 9706 3187
Facsimile 03) 9706 3198
Email: info@car.com.au Website: www.car.com.au

Microchip
Subscription Form

It is vital that all information on this form is completed so pets
can be quickly returned to their owners.
As pet owner, you will receive an identification certificate once
details have been entered.

*** PLEASE USE CAPITAL LETTERS TO FILL THIS FORM ***

PLEASE SCAN & EMAIL TO info@car.com.au or FAX TO 03 9706 3198 or SEND VIA POST

ANIMAL DETAILS

Implant Date / /

Animal Name

Date Of Birth (or estimate in years/months)

If this is a re-chip, please enter the previous microchip number here:

CAR Tag Number Breeder Supply Number (QLD Only)

Sex Male Female Desexed Yes No

ATTACH MICROCHIP LABEL HERE

Species Dog Cat Other Specify

Breed Colour

Council Declaration Dangerous Dog Menacing Dog Restricted Breed

OWNER DETAILS

Please note: Central Animal Records requires the owner listed on this form to be over 18 years of age and we cannot accept joint ownership.

Owners Name Title Surname Given Name

Address Postcode

Suburb Municipality

Home Phone Work Phone Mobile

Email (emails ensure that you will receive your Certificate faster & records can be updated more efficiently at less cost)

Postal Address (if different to Residential Address)

Alternate Contact Person (a person with a different number to those already provided who can be contacted on your behalf if you are uncontactable)

Name Phone

Important Notice to Owner: In accordance with our privacy policy listed on the Central Animal Records (CAR) website at www.car.com.au/privacy, the information listed on this form is regarded as strictly confidential and only information necessary to enable the return of your missing pet or to assist Council pet registrations, will be released in accordance with Section 63H(2) of the Domestic Animals Act 1994, except where CAR is legally required provide the information. Statistical information may be supplied to other parties for purposes associated with animal welfare and/or management of domestic animals. In such circumstances CAR will provide the information in general format only and on assurance that the information will not be used for commercial purposes. I have read, understand and accept these conditions of data use, and have sought and obtained permission from the alternative contact to provide their contact details. The information provided on this form is true and correct and the person named as the owner is the legal owner of the animal.

Signature (Owner/ Agent for owner) Date

APPROVED IMPLANTER INFORMATION

Authorised Implanters MUST provide their clinic details, signature and if applicable provide their implanter number.

Name of Implanter Veterinary Clinic

Address

Suburb / Town State Post Code Telephone

I acknowledge that the information contained is correct and the owner has been advised of the Privacy Statement (see above)

Approved Implanter Signature Authorisation Number

For Non Veterinary Implanters Supervising Veterinarian Name Authorisation Number

Address

PLEASE NOTE: If emailing or faxing this form after completion, please do NOT post as well.