



# C.A.R. Microchip Subscription Form for **EXOTIC PETS**

(such as Rabbits, Guinea Pigs, Ferrets, Rats, Mice, Frogs)

**Subscription Fee Applies** for already implanted animals  
or for chips that do not have a pre-paid C.A.R. registration

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

**It is vital that all information on this form is completed.**  
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 be quickly returned to its owner.

**PLEASE FAX TO 03 9706 3198 or POST TO THE ADDRESS LISTED ABOVE**

## OWNER DETAILS

Name of Owner: .....  
Title ..... Surname ..... Given Name .....

Residential Address ..... Suburb/Town .....

Local Council Area (Municipality) ..... State ..... Post Code .....

Phone Home ..... Work ..... Mobile ..... Email .....

Primary Address Where Animal Is Kept (if different to Residential Address) .....

Suburb/Town ..... State ..... Post Code .....

Local Council Area (Municipality) .....

Postal Address (if different to Residential Address) ..... Post Code .....

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

## EXOTIC PET DETAILS

**ATTACH CHIP NUMBER/BAR CODE LABEL HERE**

Implant Date ..... / ..... / .....

Pet Name .....

Date Of Birth/Hatch (or estimate of age in years/months ) .....

Sex:  Male  Female  Unknown

Species: .....  
(Common name)

Colour: ..... Implant Site: .....

## IMPLANTATION or SCANNING INFORMATION

Vet Name ..... Signature ..... Authorised Implanter No. ....  
(If applicable)

Clinic or Business Name .....

Address .....

Suburb ..... Post Code ..... Telephone .....

**Important Notice to Owner:** PRIVACY STATEMENT - This information is strictly confidential and only information necessary to enable the return of your missing pet will be supplied to authorised scanning centres, except where Central Animal Records is required by law to produce any of the information. 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. (**Please note** that in some States of Australia, a person under the age of 17 or 18 cannot be deemed the legal owner of a pet & therefore cannot sign a Declaration)

**SIGNATURE** ..... (Owner / Agent for Owner) **DATE** ...../...../.....

## PAYMENT OPTIONS

BILL VETERINARY HOSPITAL or SCANNING CENTRE for Subscription **OR**  PAY DIRECT (complete details below)

**PAYMENT DETAILS: AUD \$9.95** per bird for the lifetime subscription to Central Animal Records & DL sized Identification Acknowledgment., made payable by:

Credit Card,  Money Order or  Cheque to: Central Animal Records, 22 Fiveways Boulevard, Keysborough VIC AUSTRALIA 3173  
(Please Note — Australia Post charges apply for Money Orders)

**Credit Card Details:**  \* VISA  \* M/Card

Credit Card number: ..... / ..... / ..... / ..... Expiry Date: ..... / ..... CVV .....

Name On Card: ..... Signature: .....