



Microchip Subscription Form for HORSES

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.

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

Mr/Mrs/Ms/Miss/Dr SURNAME GIVEN NAME

STREET ADDRESS

SUBURB/TOWN STATE POSTCODE

COUNCIL / MUNICIPALITY

TELEPHONE (HOME) (BUSINESS)

(FACSIMILE) (MOBILE)

EMAIL

ALTERNATIVE CONTACT (person not living with you who can be contacted on your behalf)

NAME TELEPHONE

ANIMAL DETAILS Lifetime Subscription Applies

IMPLANT DATE / /

ATTACH CHIP LABEL HERE

ANIMAL NAME:

SEX MARE STALLION GELDING

DATE OF BIRTH / / OR ESTIMATED AGE (in months/years)

BREED COLOUR

AUTHORISED IMPLANTER DETAILS

IMPLANTER NAME VETERINARY CLINIC

ADDRESS

POSTCODE

TELEPHONE IMPLANTER ID (if available)

I acknowledge that the information contained on this form is correct and the owner has been advised of the Privacy Statement (see below)

IMPLANTER SIGNATURE:

Important Notice to Owner: PRIVACY STATEMENT - This information is strictly confidential and only information necessary to enable the return of your missing pet or to assist Council pet registrations, will be supplied to authorised scanning centres, except where Central Animal Records is required by law to produce any of 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 Central Animal Records will provide the information only on assurance that the information will not be used for commercial purposes. The information provided on this form is true and correct, and the person named as the owner is the legal owner of the animal. 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

OWNER / AGENT SIGNATURE:

DATE: / /