



C.A.R. Microchip Form for **REPTILES**

Subscription Fee Applies

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: http://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 Post Code

Phone Home Work Mobile Email

Local Council Area

Primary Address Where bird is kept (if different from Residential Address)

..... Post Code Local Council Area

Postal Address (if different from Residential Address) Post Code

Alternate Contact Person (person who has different phone contact to you & can be contacted if you are unobtainable)

Name Phone

REPTILE DETAILS

ATTACH CHIP NUMBER/BAR CODE LABEL HERE

Implant Date / /

Reptile Name

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

Sex: Male Female Unknown

Reptile Species:
(Common Name)

Colour: Implant Site:

IMPLANTATION or SCANNING INFORMATION

Vet Name Signature

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

* tick chosen option

*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:

* Money Order * Credit Card, or * Cheque to: Central Animal Records, 22 Fiveways Boulevard, Keysborough VIC AUSTRALIA 3173

Credit Card Details: * VISA * M/Card

Credit Card number: / / / Expiry Date: /

Name On Card: Signature: