



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

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 PRINT CLEARLY AND ACCURATELY ***

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

OWNER DETAILS

Owners Name	Title	Surname	Given Name
Address			
Suburb		Municipality	
Home Phone	Work Phone	Mobile	
Email			
Primary Address Where Animal Is Kept <small>(if different to residential Address)</small>			
Suburb	Postcode	Municipality	
Postal Address <small>(if different to Residential Address)</small>			
Alternate Contact Person <small>(a person with a different number to those already provided who can be contacted on your behalf if you are unobtainable)</small>			
Name		Phone	

ANIMAL DETAILS

Implant Date / /

Animal Name

Date Of Birth (or estimate in years/months)

CAR Tag Number ID Number of Other Permanent ID Device Implanted (if applicable)

Sex Male Female Desexed Yes No Age at Desexing

Species Dog Cat Other Specify Produced a Litter Yes No

Breed Colour

LIFETIME Subscription Applies Dangerous Dog Menacing Dog Restricted Breed



APPROVED IMPLANTER INFORMATION

Name of Implanter Veterinary Clinic.....

Address LITCHFIELD COUNCIL 7 BEES CREEK ROAD

Suburb / Town FREDS PASS Post Code 0822 Telephone 08 89 830600

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

Approved Implanter Signature Authorisation Number

applicable in Victoria

For Non Veterinary Implanters
Supervising Veterinarian Name Authorisation Number

applicable in Victoria

Address

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. 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 considered a legal owner of a pet & therefore cannot sign a Declaration).

SIGNATURE (Owner / Agent for Owner) DATE

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