



NEW REGISTRATION

Locked Bag 4317, Sydney Olympic Park NSW 2127
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email: help@aar.org.au web: aar.org.au

This form is **NOT** to be used by Implanters/Vets/Breeders/Shelters. General Public use only for unregistered microchips.

FORMS CAN BE EMAILED, FAXED OR POSTED (see details above)

OWNER DETAILS

Title: _____ First Name: _____ Surname: _____

Residential Address: _____

Suburb/City: _____ State: _____ Postcode: _____ Municipality: _____

Full Postal Address (if different to above): _____

Telephone: () _____ Mobile: _____

EMAIL ADDRESS (please supply): _____

Alternate Contact Name: _____ Telephone: () _____

By ticking the below boxes, I/we:

- Confirm that I/we are the owner/s of the animal mentioned below and all information provided on this form is true and correct to the best of my knowledge: and
- consent to the AAR providing any relevant 3rd parties with this information for the purposes of reuniting me with my animal.

Signature of Owner: _____ Date: ___ / ___ / ___ Password: _____
(for online access – alpha numeric, max 10 characters)

PET DETAILS

Microchip Number: _____

Please ensure the microchip is not already registered by checking on petaddress.com.au

Supply number: _____ (applicable to QLD registrations only)

Animal Name: _____ Species: _____ Breed: _____

Sex: M / F De-sexed: Y / N Date of Birth: ___ / ___ / ___ Colour: _____ Date of Implant: ___ / ___ / ___
(please circle) (please circle)

For dogs registered in Victoria (if applicable) Dangerous Menacing Restricted Breed

MICROCHIP NUMBER VERIFICATION **(to be completed for VIC registrations only)**

Animal must be scanned by an authorised implanter to confirm the microchip number and the declaration below must be signed.

Authorised Implanter Name: _____ Clinic Name: _____

Telephone: () _____ Address: _____

I confirm that the animal has been scanned by me and the information presented within this form is true and correct.

Authorised Implanter Signature: _____

PAYMENT DETAILS

A Cheque/Money Order is attached for **AUD\$15.00 OR** Debit my credit card for **AUD\$15.00** (Do **NOT** send cash)
Please make cheque/money order payable to AAR

*Note: The transaction will appear on your bank statement as **AAR Australia***
Please ensure you have sufficient funds in your account to avoid processing delays

Cheque/Money Order MasterCard Visa

Card Number _____ / _____ / _____ / _____ Expiry _____ / _____

Card holder Name: _____

Card holder Signature: _____ Card holder phone no: _____

Privacy Statement: Your details are handled in accordance with the RAS Privacy Policy. A copy of the RAS Privacy Policy is available at:
<https://www.rasns.w.com.au/globalassets/document-library/legal/ras-policy-privacy-july-2019.pdf>