



# CHANGE OF OWNERSHIP FOR WELFARE/RESCUE AGENCIES AND COUNCILS

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**MICROCHIP NUMBER** (10 or 15 digits) \_\_\_\_\_

Please allow up to 4 weeks for your change to be processed, providing paperwork is **completed in full**  
**FORMS CAN BE EMAILED, FAXED OR POSTED (see details above)**

Certificates can be printed online for FREE at [aar.org.au](http://aar.org.au)

**Please provide an email address for notification of transfer**

If no email address is provided, tick the box if you would like notification by post

## NEW OWNER DETAILS

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Suburb/City: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Full Postal Address (if different to above): \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ Mobile: \_\_\_\_\_

**EMAIL ADDRESS (please supply):** \_\_\_\_\_

Alternate Contact Name: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

**Signature of New Owner:** \_\_\_\_\_ **Date:** \_\_\_ / \_\_\_ / \_\_\_ **Password:** \_\_\_\_\_  
(for online access – alpha numeric, max 10 characters)

## WELFARE/RESCUE/COUNCIL DECLARATION

Name of Welfare/Rescue/Council (please print): \_\_\_\_\_

"I declare the details provided are true and correct and I have used my best endeavours to try to identify and contact the animal's original owner, in accordance with relevant legislation."

**Signature of Agent:** \_\_\_\_\_ **Date:** \_\_\_ / \_\_\_ / \_\_\_

## PET DETAILS

Animal Name: \_\_\_\_\_ Species: \_\_\_\_\_ Breed: \_\_\_\_\_

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

## PAYMENT DETAILS FOR CHANGE OF OWNERSHIP

A Cheque/Money Order is attached for **AUD\$10.00** OR Debit my credit card for **AUD\$10.00** (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:** Financial Information provided by you on this form is to be used solely for the purpose of processing and arranging payment, this information will remain confidential at all times except for disclosure which you have consented to or which is required by law. Other information, personal or otherwise provided by you above is used by the AAR (a division of the Royal Agricultural Society of NSW ("RAS") ABN 69 793 644 351) to administer this Form, for archival purposes or as required by law. Your details will be handled in accordance with the RAS of NSW Privacy Policy, a copy of which is available at <http://www.aar.org.au>.