



# NEW REGISTRATION

Locked Bag 4317, Sydney Olympic Park NSW 2127  
Ph: 02 9704 1450 Fax: 02 9704 1006  
email: [help@aar.org.au](mailto:help@aar.org.au) web: [aar.org.au](http://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](http://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 (VIC registrations only)

Animal must be scanned by a veterinarian to confirm the microchip number and the declaration below must be signed.

Veterinarian 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.

Veterinarian Signature: \_\_\_\_\_ VIC Accreditation Number: A \_\_\_\_\_

## 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 the **Royal Agricultural Society of NSW**  
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>