

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 (must be 18 years or older)

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: () _____

* required in Victoria.

* alternate contact is for recovery purposes only. No authority is given to update information.

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
- do not consent to the AAR providing authorised users (including vets, councils and rescues) with this information for the purposes of reuniting me with my animal. Ticking this box may delay in the recovery of your animal (not recommended).

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

Source number: _____ (VIC only) / **Supply number:** _____ (QLD only)

(VIC source number must be included for dogs or cats born after 1 July 2020)

Animal's Name: _____ Species: _____ Breed: _____

Sex: M / F De-sexed: Y / N Date of Birth: ___ / ___ / ___ Colour: _____ Date of Implant: ___ / ___ / ___
(please circle) (please circle) (or approx. date) (if unknown, leave blank)

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 _____ / _____

Cardholder Name: _____ Cardholder Signature: _____ Cardholder 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:
<http://www.rasnsw.com.au/globalassets/document-library/legal/ras-policy-privacy-2020.pdf>