



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

Animal Welfare League Subscription Form

It is vital that all information on this form is completed
and forwarded to Central Animal Records within
2 days of implantation by the implanter.

PLEASE FAX to 03 9706 3198, EMAIL to info@car.com.au or POST to the address listed above

OWNER INFORMATION (Please print clearly)

Name

Address.....Suburb / Town.....State.....

Postcode Local Council.....Phone

Mobile Email

Address Where Animal Is Kept (if different to Primary Address)

State.....Post CodeLocal Council Area (municipality)

Postal Address (if different to Primary Address) Post Code

Alternative Contact Phone.....
(an alternative person who can be contacted should we be unable to reach you)

ANIMAL DETAILS #1

Name

Species Breed

Colour Date of Birth / ... /

Sex Male Female Desexed

ATTACH MICROCHIP LABEL HERE

ANIMAL DETAILS #2

Name

Species Breed

Colour Date of Birth / ... /

Sex Male Female Desexed

ATTACH MICROCHIP LABEL HERE

ANIMAL DETAILS #3

Name

Species Breed

Colour Date of Birth / ... /

Sex Male Female Desexed

ATTACH MICROCHIP LABEL HERE

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.

SIGNATURE (Owner / Agent for owner) DATE

APPROVED IMPLANTER INFORMATION

* Authorised Implanters who implant in VIC and QLD must provide their details, signature and implanter number

Veterinary Clinic **ANIMAL WELFARE LEAGUE SA**
1-19 CORMACK ROAD
WINGFIELD SA 5013

Telephone **08 8348 1300**

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

Name

Approved Implanter Signature

OFFICE USE ONLY:

Method of Payment:

Cash:

Booked/Paid Online