



**Australasian
Animal
Registry**

INDIVIDUAL CHANGE OF OWNERSHIP

Locked Bag 4317, Sydney Olympic Park NSW 2127
Ph: 02 9704 1450 Fax: 02 9704 1006
email: help@aar.org.au web: aar.org.au

**Save time & money, go online.
Online Change of Ownership
available at www.aar.org.au
Allow up to 15 days for processing.**

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)

NEW OWNER DETAILS (must be 18 years or older)

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: () _____

* 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
- (not recommended) 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.

Signature of New Owner: _____ **Date:** ___ / ___ / ___

PREVIOUS OWNER(S) DECLARATION

I..... (print name of Previous Owner/s) hereby; (i) certify that the information presented within this Form is true and correct to the best of my knowledge, (ii) I provide permission for the Change of Ownership as requested by the New Owner; and (iii) I hold the AAR exempt from any liability in the event of any loss from any cause whatsoever, whether it be in implied or express form.

Signature(s) of Previous Owner(s): _____ / _____ **Date:** ___ / ___ / ___

* Where a signature cannot be obtained from the previous owner(s), AAR will contact the previous registered owner(s) in writing on your behalf. Please allow up to **4 weeks** for processing, providing paperwork is completed in full.

PET DETAILS

Animal's New 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)

PAYMENT DETAILS FOR CHANGE OF OWNERSHIP

A Cheque/Money Order is attached for **AUD\$20.00**

Please make cheque/money order payable to AAR

Please ensure you have sufficient funds in your account to avoid processing delays

Please contact me for VISA/Mastercard payment details

Best available contact phone number: _____

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/privacypolicy/>