

CHANGE OF OWNERSHIP FOR WELFARE/RESCUE AGENCIES AND COUNCILS

Locked Bag 4317, Sydney Olympic Park NSW 2127

Ph: 02 9704 1450

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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 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: () _____
(Alt Contact is Required in Victoria) * alternate contact is for recovery purposes only. No authority is given to update information.

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. If you do not wish for your personal details to be shared with authorised persons to facilitate the return of your pet, please contact AAR after your pet has been registered, so we can take the appropriate steps to accommodate your preferences.

Signature of New Owner: _____ Date: ____ / ____ / ____

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'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\$11.00** OR Debit my credit card for **AUD\$11.00** (**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: 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.

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.rasnsf.com.au/privacypolicy>