



# CHANGE OF OWNERSHIP FOR WELFARE/RESCUE AGENCIES AND COUNCILS

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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, 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: \_\_\_ / \_\_\_ / \_\_\_

## 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\$10.00**

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/>