



NEW REGISTRATION

Locked Bag 4317, Sydney Olympic Park NSW 2127

Ph: 02 9704 1450

email: help@aar.org.au web: aar.org.au

This form is **NOT** to be used by Implanters/Vets/Breeders/Shelters. General Public use only for unregistered microchips.

FORMS CAN BE EMAILED 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:

(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:

PET DETAILS

Microchip Number (15 Digits):

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 Date of Birth: (or approx. date) Colour: Date of Implant
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\$20.00** OR Debit my credit card for **AUD\$20.00** (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:

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.rasnw.com.au/privacypolicy>