



# TRANSFER OF OWNERSHIP FOR WELFARE/RESCUE AGENCIES AND COUNCILS

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MICROCHIP NUMBER \_\_\_\_\_

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: \_\_\_\_\_

Email Address (please supply): \_\_\_\_\_ Mobile: \_\_\_\_\_

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: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Colour: \_\_\_\_\_ Date of Implant: \_\_\_\_\_

## PAYMENT DETAILS FOR TRANSFER 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 \_\_\_\_\_ Security Code \_\_\_\_\_

Cardholder Name: \_\_\_\_\_ Cardholder Signature: \_\_\_\_\_ Cardholder Phone: \_\_\_\_\_

**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.rasnsw.com.au/privacypolicy>