



# NEW REGISTRATION

Locked Bag 4317, Sydney Olympic Park NSW 2127  
Ph: 02 9704 1450 Fax: 02 9704 1006  
email: [help@aar.org.au](mailto:help@aar.org.au) web: [aar.org.au](http://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, FAXED 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: ( ) \_\_\_\_\_

\* 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 Owner: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_

## PET DETAILS

**Microchip Number:** \_\_\_\_\_

Please ensure the microchip is not already registered by checking on [petaddress.com.au](http://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: M / F De-sexed: Y / N Date of Birth: \_\_\_ / \_\_\_ / \_\_\_ Colour: \_\_\_\_\_ Date of Implant: \_\_\_ / \_\_\_ / \_\_\_  
(please circle) (please circle) (or approx. date) (if unknown, leave blank)

**For dogs registered in Victoria (if applicable)**  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\$15.00**

*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.rasnw.com.au/privacypolicy/>