

Place Microchip Barcode here

**Implant Confirmation for** \_\_\_\_\_ (horse name)

A Certificate will be sent to you shortly. All changes are free for 3 months. Contact changes maintained via the petsafe.com.au website remain free for ever. Fees apply after 3 months for Change of ownership or non-web maintenance of contact details. Change of ownership cannot be completed over the web and will require your written confirmation. For more information contact Petsafe on 02 8850 6800 or www.petsafe.com.au

**NB:** Please give top tear-off to customer and post the bottom of the form to Petsafe. In some states it is a statutory requirement that this be done within 2 days after implantation

## Non prepaid Horse Registration

Place Microchip Barcode here

<b>Clinic</b>	Clinic ID _____	Implanter ID _____
	Implanter Name _____	Implanter Signature _____
	Implanter Address _____	Implant Date _____

<b>Owners Details</b>	Title _____	First Name _____	Surname _____
	Residential Address _____		
	Suburb/City _____	State _____	Postcode _____
	Postal Address (if different) _____		
	Suburb/City _____	State _____	Postcode _____
	Home Tel (    ) _____	Work Tel (    ) _____	Mobile _____
	Fax (    ) _____	Email (required for password retrieval) _____	
	Alt Contact _____	Phone (    ) _____	Mobile _____
	Alt Contact _____	Phone (    ) _____	Mobile _____
	Local Council (mandatory for VIC, QLD, TAS, ACT registration) _____		
<b>Owners Signature</b> _____		<b>Agent of Owners Signature</b> _____	
<small>By signing this form I acknowledge that the owner and animal information provided is true and correct.</small>			

<b>Horse Details</b>	Name _____		
	Colour <input type="checkbox"/> Bay <input type="checkbox"/> Bay/brown <input type="checkbox"/> Brown <input type="checkbox"/> Brown/black <input type="checkbox"/> Black <input type="checkbox"/> Chestnut <input type="checkbox"/> White		
	<input type="checkbox"/> Grey <input type="checkbox"/> Grey/chestnut <input type="checkbox"/> Grey/bay <input type="checkbox"/> Grey/brown <input type="checkbox"/> Grey/black <input type="checkbox"/> Other		
	Horse breed _____		
	D.O.B (DD/MM/YYYY) _____	Sex - <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Gelding <input type="checkbox"/> Rig	
	Horse Address (if different to owner) _____		
	Suburb/City _____	State _____	Postcode _____
Second Microchip (if applicable) _____			

<b>Payment</b>	<input type="checkbox"/> Please charge my Credit Card \$25.00		<input type="checkbox"/> I have included a cheque or money order	
	Card number: _____	Exp date: _____		Sec code: _____
	Name on card: _____	Signature: _____	Date: _____	

**For registration to be completed you MUST post this ORIGINAL form to Petsafe Po Box 6804 Baulkham Hills NSW 2153**  
 Petsafe - Telephone: 02 8850 6800 Facsimile: 02 9894 5782 Email: info@petsafe.com.au Web: www.petsafe.com.au

**N.B. \*Vets / Implanters state regulations may require you to keep a copy of this form for your records.**  
 \*If you use the information on this form for direct entry onto the database, state regulations may require you to give a copy of this form to Petsafe.

I DO NOT give permission to the database to give a member of the public or authorised person the personal details listed above to enable the safe return of my pet.  
 I WOULD NOT like to receive information updates & special promotions from Petsafe.

**Form entered by:** \_\_\_\_\_ **Member No:** \_\_\_\_\_ **Date:** \_\_\_\_\_ 