

Non Prepaid Registration

Microchip Number

Once registration is complete a Certificate with your Member ID and Password will be sent to you shortly.
Contact changes - maintained via the petsafe.com.au website using the member id to log in remain free forever.
All other details changes if we action them on your behalf will require a fee.
Change of Ownership - MUST be completed in writing. The changes are free for the first 3 months. Fees apply after 3 months.
For more information contact Petsafe on 02 8850 6800 or www.petsafe.com.au

Petsafe Collar Tag No.



PLEASE NOTE ALL FIELDS MARKED WITH * MUST BE COMPLETED FOR REGISTRATION TO BE ACCEPTED

Clinic	*Clinic ID	*Implanter ID
	*Implanter Name	*Implanter Signature
	*Implanter Address	*Implant Date
	*VIC Source #	*QLD Breeder ID #

Owners Details	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)		
Owners Signature		Agent of Owners Signature	
By signing this form I acknowledge that the owner and animal information provided is true and correct. (Digital signatures will not be accepted)			

Animal Details	Name		
	*Species - <input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other (please specify)		
	*Colour	*Breed	
	*D.O.B (DD/MM/YYYY)	*Sex - <input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> *Desexed <input type="checkbox"/> *Entire
	Has the animal been declared - <input type="checkbox"/> Restricted Breed <input type="checkbox"/> Menacing <input type="checkbox"/> Dangerous		
	Pet Address (if different to owner)		
	Suburb/City	State	Postcode
Second Microchip			

Payment	<input type="checkbox"/> Please charge my Credit Card \$25.00 <small>DIGIVET PTY LTD will show on your credit card statement.</small>	<input type="checkbox"/> I have included a cheque or money order	<input type="checkbox"/> Please call for payment
	Card number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Exp date: _____	
	<small>Visa or Mastercard ONLY</small>	Sec code: _____	
	Name on card: _____	Signature: _____	Date: _____

For registration to be completed please email, fax or post this form to Petsafe POST: Po Box 6804 Baulkham Hills NSW 2153
EMAIL: info@petsafe.com.au PHONE: 02 8850 6800 FAX: 02 9894 5782 WEB: www.petsafe.com.au

☐ 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: _____ 