

Non Prepaid Registration



Microchip Number

Petsafe Collar Tag No.

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

Clinic	Clinic ID		Implanter ID	
	Implanter Name		Implanter Signature	
	Implanter Address		Implant Date	
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.				

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		<input type="checkbox"/> I have included a cheque or money order	
	Card number:	<input type="text"/>	<input type="text"/>	Exp date: _____
		<input type="text"/>	<input type="text"/>	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

- I have included documentation from a vet confirming the microchip number or I have provided a Stat Dec. declaring the microchip number, Also I have provided a Stat Dec. as proof of ownership. These MUST be included for registration to be finalised.
- 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: