

Implant Confirmation for _____ (horse name)

A Certificate will be sent to you shortly. All changes are free for 12 months. Contact changes maintained via the petsafe.com.au website remain free for ever. Fees apply after 12 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

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			
I give permission for my phone number to be given to a member of the public or authorised person and address details to authorised persons to enable the return of my pet.			

Horse Details	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)			

Payment	<input type="checkbox"/> Please charge my Credit Card \$19.80 <input type="checkbox"/> I have included a cheque or money order	
	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: _____ Sec code: _____
	Name on card: _____ Signature: _____ Date: _____	

☐ I would not like to receive information updates & special promotions from Petsafe

For registration to be completed you MUST post this form to Petsafe Po Box 6804 Baulkham Hills NSW 2153

Form entered by:

Member No:

Date: