



Place Microchip Number here	Petsafe Colar tag no.	
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.			

Pet 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 \$19.80 <input type="checkbox"/> I have included a cheque or money order	
	Card number: 	
	Exp date: _____ Sec code: _____	
	Name on card:	Signature:
Date:		

- ☐ I would not like to receive information updates & special promotions from Petsafe
- ☐ Documentation from the vet or other proof of ownership of the microchip **MUST** be included for registration to be finalised.

Office use ONLY

Form entered by:

Member No:

Date: