



Returning Lost Pets Home

Central Animal Records (Aust) Pty Ltd
22 Fiveways Boulevard, Keysborough VIC 3173
Phone 03) 9706 3187
Facsimile 03) 9706 3198
Email: info@car.com.au Website: www.car.com.au

Microchip
Subscription Form

It is vital that all information on this form is completed so pets
can be quickly returned to their owners.
As pet owner, you will receive an identification certificate once
details have been entered.

*** PLEASE USE CAPITAL LETTERS TO FILL THIS FORM ***

PLEASE SCAN & EMAIL TO info@car.com.au or FAX TO 03 9706 3198 or SEND VIA POST

ANIMAL DETAILS

Implant Date / /

Animal Name

Date Of Birth (or estimate in years/months)

ATTACH MICROCHIP LABEL HERE

CAR Tag Number Breeder Supply Number (QLD Only)

Sex Male Female Desexed Yes No Species Dog Cat Other Specify

Breed Colour

Council Declaration Dangerous Dog Menacing Dog Restricted Breed

OWNER DETAILS

Please note: Central Animal Records requires the owner listed on this form to be over 18 years of age and we cannot accept joint ownership.

Owners Name Title Surname Given Name

Address Postcode

Suburb Municipality

Home Phone Work Phone Mobile

Email (emails ensure that you will receive your Certificate faster & records can be updated more efficiently at less cost)

Postal Address (if different to Residential Address)

Alternate Contact Person (a person with a different number to those already provided who can be contacted on your behalf if you are uncontactable)

Name Phone

Important Notice to Owner: In accordance with our privacy policy listed on the Central Animal Records (CAR) website at www.car.com.au/privacy, the information listed on this form is regarded as strictly confidential and only information necessary to enable the return of your missing pet or to assist Council pet registrations, will be released in accordance with Section 63H(2) of the Domestic Animals Act 1994, except where CAR is legally required provide the information. Statistical information may be supplied to other parties for purposes associated with animal welfare and/or management of domestic animals. In such circumstances CAR will provide the information in general format only and on assurance that the information will not be used for commercial purposes.

I have read, understand and accept these conditions of data use, and have sought and obtained permission from the alternative contact to provide their contact details. The information provided on this form is true and correct and the person named as the owner is the legal owner of the animal.

Signature (Owner/ Agent for owner) Date

APPROVED IMPLANTER INFORMATION

Authorised Implanters MUST provide their clinic details, signature and if applicable provide their implanter number.

Name of Implanter Veterinary Clinic Litchfield Council

Address 7 Bee's Creek Road, PO Box 446,

Suburb / Town Humpty Doo NT 0836 State Post Code Telephone

I acknowledge that the information contained is correct and the owner has been advised of the Privacy Statement (see above) Phone 08 8983 0600

Approved Implanter Signature COMMUNITY EFFORT IS ESSENTIAL Fax 08 8983 1165 Authorisation Number

For Non Veterinary Implanters ABN: 45 018 934 501

Supervising Veterinarian Name Address Authorisation Number

Address

PLEASE NOTE: If emailing or faxing this form after completion, please do NOT post as well.

All dogs kept within the Litchfield municipality for 3 months or more must be microchipped and registered with Council in accordance with the Litchfield Council Dog Management By-laws.

Please ensure that your dog's details are kept up to date and that Council is notified of change of ownership of the dog, change of address where the dog is kept, if the dog leaves the municipality or if the dog is deceased.

Information relating to animal management within the Litchfield Municipality and a copy of the Litchfield Council (Dog Management) By-laws can be found on the Litchfield Council website www.litchfield.nt.gov.au.

DECLARATION

Name: _____

Date of Birth: _____

I declare that all information stated and supplied within this application form is true and correct and I agree to comply with all requirements of the Litchfield Council (Dog Management) By-laws.

Signed: _____

Date: _____

Privacy Statement

The personal information provided on this form will be used by Litchfield Council for the purposes of fulfilling your request and undertaking associated Council functions & services. Your personal information will not be disclosed to any third party unless required or permitted by law.

2020/21 REGISTRATION FEES	ANNUAL	ANNUAL CONCESSION	LIFETIME	LIFETIME CONCESSION
Entire dog	83.00	44.00		
De-sexed dog (<i>proof required</i>)	20.00	10.00	100.00	50.00
Registered Breeder/Dogs NT Member	44.00			
Declared Dangerous Dog	276.00			
Working dog/Assistance dog/Service dog	Free		Free	
OTHER FEES				
Microchipping	35.00			
Microchipping (Pension Concession)	25.00			
Replacement Registration Tag	8.50			

- **Annual dog registration expires on 31 August each year.** A 50% pro rata fee applies for all **new annual** dog registration applications that are received after 1 March each year.
- Puppies under six months of age receive up to one year of registration at no charge.
- The **concession fee** applies to dog owners who are in receipt of a government pension (*proof required*).
- The **Registered Breeder fee** applies to owners of entire dogs who are members of Dogs NT and who have agreed to abide by the North Australian Canine Association Rules, Regulations and Code of Ethics.
- Owners of **working dogs** are required to complete an **application for working dog registration concession form** which is available on the Council website.

Office Use Only

Registration Fee	\$		Tag No.	
Microchip Fee	\$		Animal No.	
Total Paid	\$	Date	Receipt No.	