Central Animal Records

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

Accredited by the Australian Veterinary Association & licensed by the QLD & VIC Governments

Subscription Form for Microchips from

Litchfield Council NT

MICRO PRODUCTS AUSTRALIA

It is vital that all information on this form is completed.
You will receive documentation from the Registry once details have been entered.
The information provided on this form is used to ensure that the animal can be quickly returned to its owner.

*** PLEASE PRINT CLEARLY AND ACCURATELY ***

PLEASE FAX TO 03 9706 3198 or POST TO THE ADDRESS LISTED ABOVE

OWNER DETAILS

Owners Name — Title | Surname | Given Name

Address — Postcode

Suburb — Municipality L I T C H F I E L D N T

Home Phone — Work Phone — Mobile

Email

Primary Address Where Animal Is Kept (if different to residential Address)

Suburb — Postcode — Municipality

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 unobtainable)

Name — Phone

ANIMAL DETAILS

Implant Date ..... / ..... / .....

Animal Name .....

Date Of Birth (or estimate in years/months) .....

ATTACH MICROCHIP LABEL HERE

CAR Tag Number ..... ID Number of Other Permanent ID Device Implanted (if applicable) .....

Sex ☐ Male ☐ Female Desexed ☐ Yes ☐ No Age at Desexing .....

Species Dog Produced a Litter ☐ Yes ☐ No

Breed ..... Colour .....

LIFETIME Subscription Applies ☐ Dangerous Dog ☐ Menacing Dog ☐ Restricted Breed

APPROVED IMPLANTER INFORMATION

* Authorised Implanters who implant in VIC and QLD must provide their details, signature and implanter number

Name of Implanter:

Address: 7 Bees Creek Road Suburb / Town: FREDS PASS NT Post Code 0822 Telephone: 08 89830600 that the information contained is correct and the owner has been advised of the Privacy Statement (see below).

Approved Implanter Signature ..... Authorisation Number N/A.....

For Non Veterinary Implanters
Supervising Veterinarian Name N/A ..... Authorisation Number N/A.....

Address N/A.....

* If applicable

Important Notice to Owner: PRIVACY STATEMENT - This information is strictly confidential and only information necessary to enable the return of your missing pet or to assist Council pet registrations, will be supplied to authorised scanning centres, except where Central Animal Records is required by law to produce any of 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 Central Animal Records will provide the information only 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. (**Please note** that in some States of Australia, a person under the age of 17 or 18 cannot be considered a legal owner of a pet & therefore cannot sign a Declaration).

SIGNATURE ..... (Owner / Agent for Owner) **DATE** .....

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

Please ensure that your dog's details are kept up to date and that Council is notified **in writing to** council@litchfield.nt.gov.au of change of ownership of the dog, owner postal address or change of address where the dog is kept, contact details (mobile number), if the dog leaves the municipality and/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 2017* can be found on the Litchfield Council website www.litchfield.nt.gov.au.

DECLARATION

I, *(print full name)* _____ **Date of Birth**: ____/____/____ declare that all information stated and supplied within this application form is true and correct. I agree to comply with all requirements of the *Litchfield Council (Dog Management) By-Laws 2017* to maintain annual registration requirements and advise any changes/updates in writing.

Signed: _____ **Date:** _____

REGISTRATION FEES effective 1 Jul 2026 Registration year 1 Sep 26 – 31 Aug 27	ANNUAL	ANNUAL CONCESSION	LIFETIME	LIFETIME CONCESSION
Entire dog	$111	$59	N/A	N/A
De-sexed dog *(proof required)*	$25	$14	$127	$64
Registered Breeder/Dogs NT Member	$59	N/A	N/A	N/A
Declared Dangerous Dog	$370	N/A	N/A	N/A
Working dog/Assistance dog/Service dog	Free	N/A	N/A	N/A

- **Annual dog registration expires on 31 August.** A 50% pro rata fee applies for all **new annual** dog registration applications that are received after 1 March each year. Failure to renew and maintain registration or update your or your dogs' details may result in an Unregistered Dog Infringement being issued under the *Litchfield Council (Dog Management) By-Laws 2017.*
- **Puppies** under six months of age receive up to one-year registration at no charge (to 31 Aug current year).
- 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 *(proof required).*
- Owners of **working dogs** are required to provide evidence that they are carrying on a business of primary production and complete an **application for working dog registration concession form** which is available on the Council website.

Payment can be made in person at the Litchfield Council office or by completing the section below and posting the form to Litchfield Council, PO Box 446 Humpty Doo NT 0836, or email to council@litchfield.nt.gov.au. If returning the form with payment by mail or email, please include copies of sterilisation certificate and/or pension card (if applicable). Registration cannot be processed without the supporting documentation. A registration tag for your dog/s will be sent to your postal address with a receipt for payment.

Please debit my MasterCard ☐ VISA ☐ Name on card _____

Card number _____ _____ _____ _____ CCV _____Expiry _____/_____

I authorise Litchfield Council to charge my credit card with the amount of $_____

Signature of cardholder _____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.

Office Use Only

Total Paid	*$*	*Date*		*Receipt No.*		
Animal Number			*Tag Number*			
Concession Type *Pension/Centrelink/DVA*	*#*		*Expiry Date*		*Copy of Card*	*Yes / No*