Petsafe®

LIFETIME REGISTRATION - not PrePaid

Horse Details Horse Name: ASB Life Number: Date of Birth: Microchip Number: place barcode label here Bay-brown Brown Brown-black Black Chestnut Grey Grey-chestnut Colour: ПВач Grey-brown Grey-black White Grey-bay Other: ☐ Female Male - entire Rig Sex: Gelding Breed: Thoroughbred Second Microchip Number (if applicable): Horse Address (if different from owner or agent below): **Vet Details:** Clinic ID: Implanter ID: Implanter Name: Implanter Address: Implanter Signature: Implant Date: **Owner or Agent of Owner Details:** Title: First Name: Surname: Residential Address: Suburb/City: State: Postcode: Home Tel: () Work Tel: () Mobile: Fax: Email (required for password retrieval): Mobile: Alt. Contact: Phone: () Mobile: Alt. Contact: Phone: (Local Council (mandatory for Vic, Qld, Tas and ACT registration): Owner Signature: or Agent of Owner Signature: For registration to be completed you MUST post this ORIGINAL form to: Petsafe P O Box 6804 Baulkham Hills NSW 2153 Any questions, please contact Petsafe on (02) 8850 6800 Email: info@petsafe.com. au Web: www.petsafe.com.au * State regulations may require you to keep a copy of this form for your records. * If you use the information on this form for direct entry onto the database, state regulations may require you to give a copy of this form to Petsafe. IDO NOT give permission to the database to give a member of the public or authorised person the personal details listed above I WOULD NOT like to receive information updates & special promotions from Petsafe Form entered by: Member No.: Date: