

Petsafe®

LIFETIME REGISTRATION – not PrePaid

Horse Details

Horse Name:

ASB Life Number:

Date of Birth:

Microchip Number:

place barcode label here

Colour: ☐ Bay ☐ Bay-brown ☐ Brown ☐ Brown-black ☐ Black ☐ Chestnut ☐ Grey ☐ Grey-chestnut

☐ Grey-bay ☐ Grey-brown ☐ Grey-black ☐ White Other:

Sex: ☐ Male – entire ☐ Female ☐ Gelding ☐ Rig

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):

Alt. Contact:

Phone: ()

Mobile:

Alt. Contact:

Phone: ()

Mobile:

Local Council (mandatory for Vic, Qld, Tas & ACT registration) :

Owner's Signature:

or Agent of Owner's 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

N.B. * 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.

☐ I DO 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:

**** PLEASE NOTE ALL INVOICES FOR PETSFAF REGISTRATIONS (\$6.50 plus GST) WILL BE INVOICED MONTHLY TO THE IMPLANTING VET/CLINIC****

STATE LEGISLATION REQUIREMENT FOR THOROUGHBREDS MICROCHIPPED IN VICTORIA