

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 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

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: _____

STATE LEGISLATION REQUIREMENT FOR THOROUGHBREDS MICROCHIPPED IN VICTORIA