

Application for Change of Ownership Domestic Animal(s) Registration

Important!

Council is unable to update your Microchip details. You must contact the relevant microchip registry to update the details of ownership on your pet's microchip.

National Pet Register

2 Gracie Street, North Melbourne VIC 3051
1300 734 738

Web: www.petregister.com.au

Central Animal Records (Aust.) Pty Ltd

22 Fiveways Boulevard, Keysborough VIC 3173
(03) 9706 3187

Web: www.car.com.au

Australasian Animal Registry

Locked Bag 4317, Sydney Olympic Park NSW 2127
(02) 9704 1450

Web: www.aar.org.au Email: help@aar.org.au

Previous Owner's Details:

Mr/Mrs/Ms/Miss Given Name: _____ Surname: _____

Address: _____

Suburb: _____ Postcode: _____

Telephone: (home) _____ (work) _____ (mobile) _____

Email Address: _____

Animal(s) Details:

Tick One Box Only

	Animal 1				Animal 2				Animal 3			
Animal Type	Dog <input type="checkbox"/>	Cat <input type="checkbox"/>	Dog <input type="checkbox"/>	Cat <input type="checkbox"/>	Dog <input type="checkbox"/>	Cat <input type="checkbox"/>	Dog <input type="checkbox"/>	Cat <input type="checkbox"/>	Dog <input type="checkbox"/>	Cat <input type="checkbox"/>	Dog <input type="checkbox"/>	Cat <input type="checkbox"/>
Restricted Breed *	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Sex	Female <input type="checkbox"/>	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Male <input type="checkbox"/>
Desexed	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Breed												
Colour/Marks												
Animal's Name												
Animal Number												
Tag Number												
Microchip Number												

New Owner's Details:

Mr/Mrs/Ms/Miss Given Name: _____ Surname: _____

Owner's Date of birth: _____ (If the owner is under the age 18, a parent or guardian must sign on their behalf)

Address: _____

Suburb: _____ Postcode: _____

Telephone: (home) _____ (work) _____ (mobile) _____

Email Address: _____

Address where animal(s) is to be kept: (if different from above) _____

Address type where the animal(s) to be kept at: (tick one box) Residential Property Commercial Property

Pensioner: Centrelink Pensioner Concession Card (Blue) Dept of Veterans Affairs Repatriation Health Card (Gold)

Card Number: _____ Expiry Date: _____

Declaration:

I declare that I commenced ownership of the above animal(s) on (date) _____ and confirm that all of the information supplied by me above is true and correct to the best of my knowledge.

Date: _____ Signed: _____ Name: _____

Privacy

The personal information collected on this form is in accordance with the Domestic Animals Act 1994. The information will only be disclosed as permitted by law.