



# Registration Application

This form can be used where a microchip has not been registered on ANY national database previously. Please search chip number at [www.petaddress.com.au](http://www.petaddress.com.au) prior to completing this form.

Email to [registrations@homesafeid.com](mailto:registrations@homesafeid.com)

Fax to 1300 537 141

Post to Central LPO PO Box 1033 WILLAGEE CENTRAL WA 6156

Customer Agent ID: \_\_\_\_\_

Business Name \_\_\_\_\_

## ANIMAL DETAILS

Microchip Number: \_\_\_\_\_  
Affix Barcode Sticker Here

Animal Breed: \_\_\_\_\_

Species: \_\_\_\_\_

Animal Name: \_\_\_\_\_

Animal Color: \_\_\_\_\_

Animal DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ DD/MM/YYYY

De-sexed: Yes

No  (if "No" Exempt) Yes  No

Animal Sex: Male  Female

Produced Litter: Yes  No

Municipal Council: \_\_\_\_\_

Dog Breed Declared: Restricted  Menacing  Dangerous

Clinic where microchip was implanted \_\_\_\_\_

Name of breeder (if known) \_\_\_\_\_

Animal Address (if different to Owner):

Street Address: \_\_\_\_\_

City/Suburb: \_\_\_\_\_ Post Code \_\_\_\_\_

Supplier Number (QLD only)

Source Number (VIC only) \_\_\_\_\_

## OWNER DETAILS

Mr/Mrs/Ms: \_\_\_\_\_ Given Name: \_\_\_\_\_

Surname: \_\_\_\_\_

Business Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Owner Town: \_\_\_\_\_

State: \_\_\_\_\_ Post Code \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

Owner Email: \_\_\_\_\_

### Important:

Your email address will be used to advise of your online password and for sending confirmation of establishment of this application.

Alternate Given Name: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_

### Warranty Statement:

As the signatory/owner I verify that I am the owner and the information provided on this form is correct and I consent to HomeSafeID releasing the above information to an authorised agent for purpose of reuniting me with the animal identified above and for any purpose a person authorised under that act operates.

### Privacy Statement:

HomeSafeID Warrants the information provided by the owner is held in accordance with Federal and State Privacy Acts and will not be provided to any unauthorised person or entity.

Owners Signature: \_\_\_\_\_

## PAYMENT DETAIL

EFT Deposit to: HomeSafeID BSB 032-267 Account 250400 (Please send remittance with form)

Credit Card information provided (see below) or  Cheque or Money Order for \$20.00 enclosed (Please Note — Australia Post charges apply for Money Orders)

Credit Card Information:  Visa or  MasterCard (tick one please)

Name on Card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Expiry Date \_\_\_\_\_ / \_\_\_\_\_