



Application for Registration

Thank you for registering your pet on the NZCAR. You are being a responsible pet owner and supporting animal welfare initiatives in New Zealand!

PLEASE PRINT CLEARLY AND CHECK ALL DETAILS. ALL FIELDS WITH AN ASTERISK ARE REQUIRED.

Microchip Number *: <small>(either a 10 digit alpha-numeric or 15 digit numeric)</small> <div style="border: 1px solid black; height: 40px; margin-top: 5px; display: flex; align-items: center; justify-content: center; font-size: 8px; color: gray;"> Place one of the Microchip ID stickers in this box or if no sticker is available, please print clearly </div>	Name of Clinic Receiving Registration Payment* <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>
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Animal Information:	
Date of Implantation*: <input type="text"/> <small>(or verification date if already chipped)</small> Species (type of animal)*: <input type="text"/> Breed or Primary Cross: <input type="text"/> Purebred: <input type="checkbox"/> Crossbreed: <input type="checkbox"/> Primary Colour: <input type="text"/> Additional Information: <small>(eg Features, Breeder's Details and/or Medical Notes)</small> <div style="border: 1px solid black; height: 60px; margin-top: 5px;"></div>	Animal's Name: <input type="text"/> Implanter or Verifiers Name: <input type="text"/> <small>First name:</small> <input type="text"/> <small>Last name:</small> <input type="text"/> IMPLANTER CLINIC: <input type="text"/> <small>(if known)</small> Gender: Male: <input type="checkbox"/> Female: <input type="checkbox"/> Desexed: Yes: <input type="checkbox"/> No: <input type="checkbox"/> Don't Know: <input type="checkbox"/> Birth Date: Day: <input type="text"/> Month: <input type="text"/> Year*: <input type="text"/>
<div style="border: 1px solid black; height: 40px; margin-top: 10px;"></div>	
I hereby declare that this microchip number has been verified and is correct for the animal details listed. Implanter or Verifying Person Signature: <div style="border: 1px solid black; height: 40px; margin-top: 5px; width: 100%;"></div>	

Please print clearly. Your pet's safe return relies on the contact details below. If you include your email address you will be able to update your pet's details online at any time.

Primary Contact:	
Mr: <input type="checkbox"/> Mrs: <input type="checkbox"/> Ms: <input type="checkbox"/> Miss: <input type="checkbox"/> Dr: <input type="checkbox"/>	Residential Address*:
First Name*: <input type="text"/>	<input type="text"/>
Last Name*: <input type="text"/>	<input type="text"/>
Primary Phone*: <input type="text"/>	City*: <input type="text"/> Code: <input type="text"/>
Secondary Phone: <input type="text"/>	Email: <input type="text"/>

Alternate Contact:	
Mr: <input type="checkbox"/> Mrs: <input type="checkbox"/> Ms: <input type="checkbox"/> Miss: <input type="checkbox"/> Dr: <input type="checkbox"/>	
First Name: <input type="text"/>	Primary Phone: <input type="text"/>
Last Name: <input type="text"/>	Secondary Phone: <input type="text"/>

I hereby declare that these details are correct and that I agree with the Terms and Conditions of the NZ Companion Animal Register on the reverse of this form:	
Signature of Owner*: <input type="text"/>	Date*: <input type="text"/>

Please ensure you enter an email address for the primary contact so we can send you a confirmation email. The primary contact is responsible for keeping contact details up to date. This can be done online or by phone. The NZCAR is a lost pet repatriation service and does not replace compulsory dog registration with your local council.

Please note our new number: 0508 LOSTPET (567873)

**This form is for internal use only by implanter organisations.
Do not send this form to the New Zealand Companion Animal Register**