



TEL 1300 537 140 Email [registrations@homesafeid.com](mailto:registrations@homesafeid.com)  
 FAX 1300 537 141 Web [www.homesafeid.com](http://www.homesafeid.com)  
 Address PO BOX 1033, Willagee Central LPO, Willagee, WA 6156

# Breeder/Litter Form

All changes relating to a transfer of registration of animals registered with HomeSafeID must be made in writing on a "Transfer Pet Registration form" and signed by both the current owner and the new owner.

## PET OWNER DETAILS (Pet Store, Breeder or Shelter)

Owner Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Address (No PO Box): \_\_\_\_\_ Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Council Name: \_\_\_\_\_

Daytime Phone: (        ) \_\_\_\_\_ Mobile:

Email Address:

Source Number (VIC only)

Supplier Number (QLD only)

### DECLARATION:

As the owner I verify that the information provided on this form is correct and I consent to allow HomeSafeID to release this information to an authorised agent for the purpose of reuniting me with my pet.

**Owner Signature:** \_\_\_\_\_

Date:    /    /

Place Barcode Sticker Here	ANIMAL DETAILS						
	Name		Sex	Male <input type="checkbox"/>	Female <input type="checkbox"/>		
	Species		Desexed	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
	Breed		Council Declared*	D <input type="checkbox"/>	M <input type="checkbox"/>	R <input type="checkbox"/>	N/A <input type="checkbox"/>
	Colour		Date of Birth	/ /			

  

Place Barcode Sticker Here	ANIMAL DETAILS						
	Name		Sex	Male <input type="checkbox"/>	Female <input type="checkbox"/>		
	Species		Desexed	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
	Breed		Council Declared*	D <input type="checkbox"/>	M <input type="checkbox"/>	R <input type="checkbox"/>	N/A <input type="checkbox"/>
	Colour		Date of Birth	/ /			

  

Place Barcode Sticker Here	ANIMAL DETAILS						
	Name		Sex	Male <input type="checkbox"/>	Female <input type="checkbox"/>		
	Species		Desexed	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
	Breed		Council Declared*	D <input type="checkbox"/>	M <input type="checkbox"/>	R <input type="checkbox"/>	N/A <input type="checkbox"/>
	Colour		Date of Birth	/ /			

\* Have any of these animals been declared: (D) Dangerous, (M) Menacing, (R) Restricted, by council? Mark (N/A) for Not Applicable.

## AUTHORISED IMPLANTER USE ONLY

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

Implanter Name: \_\_\_\_\_ Authorisation Nbr: \_\_\_\_\_

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

Business Address: \_\_\_\_\_ Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Date Implanted:    /    /

**Implanter Signature:** \_\_\_\_\_

Date:    /    /

Once signed please fax, email or post a copy to HomeSafeID for verification.