HOME SAFE ID

P.E.T.S Microchip & Registry System
In partnership with

RSPCA Queensland

TEL 1300 537 140 Email registrations@homesafeid.com
FAX 1300 537 141 Web 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 HomesSafeID 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:

Supply 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 ☐	Female ☐		
Species		Desexed	Yes ☐	No ☐		
Breed		Council Declared*	D ☐	M ☐	R ☐	N/A ☐
Colour		Date of Birth	/ /			

Place Barcode Sticker Here

ANIMAL DETAILS						
Name		Sex	Male ☐	Female ☐		
Species		Desexed	Yes ☐	No ☐		
Breed		Council Declared*	D ☐	M ☐	R ☐	N/A ☐
Colour		Date of Birth	/ /			

Place Barcode Sticker Here

ANIMAL DETAILS						
Name		Sex	Male ☐	Female ☐		
Species		Desexed	Yes ☐	No ☐		
Breed		Council Declared*	D ☐	M ☐	R ☐	N/A ☐
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.