## Australasian Animal Registry

## **INDIVIDUAL CHANGE OF OWNERSHIP**

Save time & money, go online.
Online Change of Ownership
available at <a href="https://www.aar.org.au">www.aar.org.au</a>
Allow up to 15 days for processing.

NEW OWNED DETAILS

Locked Bag 4317, Sydney Olympic Park NSW 2127
Ph: 02 9704 1450 Fax: 02 9704 1006
email: help@aar.org.au web: aar.org.au

MICROCHIP NUMBER (10 or 15 digits)

Please allow up to 4 weeks for your change to be processed, providing paperwork is **completed in full.**FORMS CAN BE EMAILED, FAXED OR POSTED (see details above)

Title	First Name:		DETAILS (III)	_	,	
Title:	First Name:			Surname:		
Residential Add	dress:					
Suburb/City:				State:	Postcode:	
Full Postal Add	lress (if different to a	bove):				
Telephone: ( )				Mobile:		
Email Address	s (please supply):					
Alternate Contact Name:  * required in Victoria.  * alternate contact is for recovery purposes only. No authority is give					( )	
By ticking the b	pelow boxes, I/we:					
confirm that I/we are the owner/s of the animal mentioned below and all information provided on this form is true and correct to the best of my knowledge: and						
do not consent to the AAR providing authorised users (including vets, councils and rescues) with this information for the purposes of reuniting me with my animal. Ticking this box may delay in the recovery of your animal (not recommended).						
•	lew Owner:	•	•	•	,	_
<b>J</b>			OWNER(S)	(for on	sword: line access – alpha numeric, max 10 characters)	
information prese	ented within this Form in New Owner; and (iii) I	s true and correct to	the best of my know	ledge, (ii) I provide	of Previous Owner/s) hereby; (i) certify that e permission for the Change of Ownership a oss from any cause whatsoever, whether it	as
Signature(s) of Previous Owner(s):			//		/ Date://	
	ure cannot be obtained to <b>4 weeks</b> for proces				registered owner(s) in writing on your beha	lf.
			PET DETAI	LS		
Animal's New Name:		Species:	!	Breed:		
Sex: M / F (please circle)	De-sexed: Y / N (please circle)	Date of Birth: (or approx. date)	//	Colour:	/ Date of Implant: // (if unknown, leave blank)	
	PAY	MENT DETAI	LS FOR CHA	NGE OF OV	VNERSHIP	
A Che	Not		cheque/money or ill appear on your ba	der payable to A nk statement as A	AR Australia	
	☐ Chequ	ue/Money Order	☐ Mas	terCard	□ Visa	
Card Number		_/	/	/	/	_
Cardholder Na	me·	Cardholde	r Signature		Cardholder phone no:	

PRIVACY STATEMENT: Financial Information provided by you on this form is to be used solely for the purpose of processing and arranging payment, this information will remain confidential at all times except for disclosure which you have consented to or which is required by law. Other information, personal or otherwise provided by you above is used by the AAR (a division of the Royal Agricultural Society of NSW ("RAS") ABN 69 793 644 351) to administer this Form, for archival purposes or as required by law. Your details will be handled in accordance with the RAS of NSW Privacy Policy, a copy of which is available at aar.org.au