

Petsafe Registration - Transfer from HOMESAFE ID



Microchip Number:

(complete microchip number must have 15 digits)

**** PLEASE READ THROUGH FORM CAREFULLY FIRST ****

To register your pet on Petsafe from HomeSafe ID please complete the following:
 - Fill in owner details either on this form or via our online rego <https://www.petsafe.com.au/regos.asp> (in the clinic id field enter 'Homesafe Transfer')
 - Email or post proof of ownership (Homesafe certificate/council registration) to info@petsafe.com.au or PO box 6804 Norwest NSW 2153
 - A \$10.00 admin fee covers your new registration and issue of Petsafe Log in details via text or email.

PLEASE NOTE ALL FIELDS MARKED WITH * MUST BE COMPLETED FOR REGISTRATION TO BE ACCEPTED

Owners Details	Title	*First Name	*Surname
	*Residential Address		
	*Suburb/City	*State	*Postcode
	Postal Address (if different)		
	Suburb/City	State	Postcode
	*Home Tel ()	Work Tel ()	*Mobile
	Fax ()	*Email (required for password retrieval)	
	*Alt Contact	Phone ()	*Mobile
	Alt Contact	Phone ()	Mobile
	*Local Council (mandatory for VIC, QLD, TAS, ACT registration)		
Owners Signature		Agent of Owners Signature	
By signing this form I acknowledge that the owner and animal information provided is true and correct. (Digital signatures will not be accepted)			

Animal Details	Name		
	*Species - <input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other (please specify)		
	*Colour	*Breed	
	*D.O.B (DD/MM/YYYY)	*Sex - <input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> *Desexed <input type="checkbox"/> *Entire
	Has the animal been declared - <input type="checkbox"/> Restricted Breed <input type="checkbox"/> Menacing <input type="checkbox"/> Dangerous		
	Pet Address (if different to owner)		
	Suburb/City	State	Postcode
Second Microchip (only if your pet has a second microchip implanted)			

Payment	<input type="checkbox"/> Please charge my Credit Card \$10.00 <input type="checkbox"/> I have included a cheque or money order <input type="checkbox"/> Please call for payment		
	Card number: <input type="text"/>	Exp date: _____	
	<small>Visa or Mastercard ONLY</small>	Sec code: _____	
	DIGIVET PTY LTD will show on your credit card statement.		
Name on card: _____	Signature: _____	Date: _____	

For registration to be completed please email, fax or post this form to Petsafe POST: Po Box 6804 Baulkham Hills NSW 2153
 EMAIL: info@petsafe.com.au PHONE: 02 8850 6800 FAX: 02 9894 5782 WEB: www.petsafe.com.au

- I DO NOT give permission to the database to give a member of the public or authorised person the personal details listed above to enable the safe return of my pet.
- I WOULD NOT like to receive information updates & special promotions from Petsafe.

