TIMARU
DISTRICT COUNCIL
Te Kaunihera ā-Rohe
o Te Tihi o Maru

Microchipping Form

FOR OFFICE USE ONLY

FILE NO. H1/15

OWNER NO: .....

CRM .....

Male ☐ **Female** ☐

Animal's Name: ..... **Animal No: AN** .....

Registration Tag Number: .....

Breed: .....

Colour: .....

Owner's Full Name: .....

Owner's D.O.B: .....

Address: .....

.....

Phone: .....

Microchip Number: AFFIX STICKER

Date of Implantation: / /

I agree that the above information will be transferred to the national dog data base.

Signed: ..... **Date:** .....
(Owner or Agent)

Signed: ..... **Date:** .....
(Animal Control Officer)

☐ **Pound** **Fee of $52** **Impoundment Number:** .....

☐ **Community** **Fee of $52**

☐ **Clinic** **Free**

Scanned: ☐ **Record No:** **Re-Scanned:** ☐