

THIS FORM IS FOR PET OWNERS WITH NO EMAIL. If you are a breeder or welfare centre you must have email to register. This form cannot be used to transfer the keepership of a pet.

## **POSTAL MICROCHIP REGISTRATION FORM**

Implanter Code / Pin:	Veterinary	Practice Name:
KEEPER DETAILS		
First Name*:	Last Name	*.
Mobile Number*:	Alternative	Number:
Address Line 1*:	Address Lir	ne 2:
Address Line 3:	Town/ City	*:
County*:	Postcode*	
Country*:		
PET DETAILS		
Type of Pet*:	Name of Po	et:
Breed*:	Gender*: \	M / F
Date of Birth*:	Appearanc	e:
Neutered*: Yes / No	Microchip	Number*:
Implant Date*:		
CONSENT		
Since April 2016 it has been the law to ensure all dogs are microchipped by the time they are 8 weeks old and registered on a DEFRA compliant database such as Microchip Central. Failure to do this can result in fines of up to £500. Dogs must be microchipped and registered to the breeder before they are sold. It is the keeper's legal responsibility to ensure their dog's microchip is registered and their details kept up to date.		
Please tick the following boxes. ALL BOXES MARKED WITH A (*) MUST BE TICKED.		
☐ Yes, I consent to microchip be se reunification pro ☐ * I agree to Mic You will need in ☐ * Yes, I understand An activation lin	earched. If you do not wish to share your defocess. Prochip Central's terms and conditions (www. Paternet access to read these. Pand a mobile number must be provided in o	v.microchipcentral.com/terms-and-conditions/).  rder to activate my account and set a password. e accounts will incur fees listed in section 15 of
Please sign and return this form with a cheque or postal order for £20.00 payable to:  Microchip Central, 1 Old School Lane, Upware, Ely, Cambridgeshire, CB7 5ZR		
KEEPER'S SIGNATURE*  DATE*		The £20 fee is an admin fee for us to create the account. We will post you a copy of your microchip certificate within 28 days of receiving the registration form. If you have any questions, please call 01223 790100 or
		visit www.microchipcentral.com.