

MICROCHIPPED ANIMAL REGISTRATION FORM

MICROCHIP NUMBER

Practice Copy



992003000418826

PET ORGANISATION

Vet Practice Number *

Vet Practice Name *

Vet Practice Phone - Daytime *

PET OWNER INFORMATION

Cell No * 066 015 0814

E-mail * cynthiahoman73@gmail.com

Title * MRS

Initials * C.T.

Street 83 AALWYN STR.

Suburb

Country

Phone - Day time

Only mobile numbers in South Africa and Namibia will be receiving SMS notifications.

Surname * HOMAN

City

Area Code DANA BAY

Province

Phone - Night time

OTHER CONTACTS

Title *

Initials *

Surname *

E-mail *

Title *

Initials *

Surname *

E-mail *

Title *

Initials *

Surname *

E-mail *

CHIP DETAILS

Registration Date *

Date of Implant * 15 - 01 - 2024

Was the Microchip implanted by this veterinary practice? ☒ Yes ☐ No

Name of Person who implanted the Chip NOYEBO NGQELE

PET DETAILS

Pet Name

Species * DOG

Colour BROWN

Gender Male ☒ Female

Year of Birth 2023

Breed * X Breed

Markings

Sterilised Yes ☒ No

KENNEL UNION OF SOUTH AFRICA (KUSA)

MEDICAL

Medical Conditions

Medical Insurance Company

Medical Insurance Policy Number

Medical Insurance Phone

Are you a KUSA Registered Member? Yes ☐ No ☐

KUSA Registration Number

Pet Registered Name

PROTECTION OF PERSONAL INFORMATION LAW

The client hereby agrees that his / her personal information herein supplied and / or any of his / her personal information already in possession of the veterinarian may be processed by the said Veterinarian and / or its office to bring about this agreement between the client and the veterinarian. The client further agrees that the veterinarian may forward his / her personal information to Virbac (Supplier of the Chip), in order for Virbac to lodge the clients personal information on their database for tracking purposes. The client also agrees that where other relevant institutions need to trace a lost animal, and they use that code on Virbac's website they will be given the personal information of the owner of said animal. The client also agrees that his / her personal information may be used by Virbac to forward him / her a Newsletter as well as to send him / her general information concerning pets. The client acknowledges that he / she has a right to object to the processing of its personal information for marketing purposes and unless expressly stated otherwise hereby consents to its personal information being used by _____ and Virbac RSA (Ltd) Pty for the above-mentioned purposes. SIGNATURE *[Signature]*