



APPLICATION FOR MICROCHIP REGISTRATION OF A (SINGLE) PET
(Note: this Application is used only for Registration of Pet's owners with their pets' assigned microchip.)

Please Write in BLOCK LETTERS and read the NOTES VERY CAREFULLY before filling in the form.

PET DETAILS

For Office Use Only

Pet Name:
Pet Type: DOG CAT Other Breed or Variety
Gender: Date Of Birth (Age)
Colour and Markings (Identification)
Source of purchase: Breeders Pet Shop kennel Friend Self bred
Date of purchase:

Microchip No.
(Paste the Bar/SI No sticker here)
Regd. No.
Fee Rs.
Date:

PET OWNERSHIP & APPLICANT DETAILS

Pet's owner Name: Email Id:
Communication Address: Phone
Mobile

Alternate Reference Contact details: friend, Family member who know your pet well.

Name: Mobile:
Name: Mobile:

OTHER INFORMATION (if Applicable)

* Breeder:

Mr. / Mrs./ M/s:
Mobile

*Pet Shop / kennel:

Mr. / Mrs./ M/s:
Mobile

IMPORTED DOG: Only in the case of an imported dog please fill in the particulars required

Certified Pedigree No. dated issued by the (Certificate copy to be attached)

Exciting REGISTRATION Details: Club Name: Microchip No.
Reg / Ref No: Date of Reg: Location:

DECLARATION TO BE SIGNED BY OWNER/S

I / We hereby declare that the above pet is solely and unconditionally my / our property and the particulars given above are true to the best of my / our knowledge and belief. I / We further declare that I / We agree to be bound by the Whizzles Pet Care Pvt Ltd. Rules, Regulations and Objectives as may be amended and in force from time to time
I / We hereby expressly agree that the decision of the Committee upon any question or dispute or complaint or report shall be final and binding on me/us. I / WE hereby propose to register the above mentioned microchip of pet owned by me/us with Whizzles PetCare Pvt. Ltd. subject to the terms, conditions and exclusions of the Company's policy.

Date:

Signature of the Pet's Owner.

DECLARATION BY THE IMPLEMENTER:

- Vet Doctor Veterinarian Pet Specialties Pet Clinic Pet Centre Certified implementer

Mr. / Mrs./ M/s

Mobile

I/WE warrant that the answers to the above queries are true and verified and that the pet is correctly described; in sound health, and free from ticks or lice. I/WE declare that no information material has been withheld and agree that this registration / Application shall be the basis of the contract between me/us and the Company.

(Veterinarian Seal / Visiting Card)

Microchip No.
(Paste the Bar/SI No sticker here)
Date of Microchip implemented:

Signature of the Microchip Implementer.

Important Note:

*Paste the Microchip Number Serial Code sticker into the respective Pets Vaccination record book for your future reference & 2 Sticker on this application form as indicated in a Box field.

*Individual pet's ownership certificate will be sent to your communication address at an additional cost of Rs 180 + Postal charges

I Require my pet's Ownership Certificate I don't require my pet's Ownership Certificate.

THIS FORM DULY COMPLETED & SIGNED BY PET OWNERS & BY MICROCHIP IMPLEMENTER SHOULD BE SENT TO

WHIZZLES PET CARE PVT LTD.
Post Box No. 1 , Hampinagar ,RPC Layout, Bangalore-560104.

India's First and most sought-after pet microchip registry and recovery Solution.