

# PETrac™ Application

## Apply Today!

Enroll by mail or fax. Fill out and sign application. Enclose correct payment. Do not send cash.

- ~~PLAN A: Multiple Pet Registry. Enclose payment of \$50.00 to protect up to five pets. Attach separate sheet as needed.~~
- PLAN B: Single Pet Registry or Owner Transfer. Enclose \$18.50 per pet for a lifetime pet registration. (ex. 2 pets = \$37.00)**
- ~~INFORMATION CHANGE: Enclose \$6.00 (ex. change of address). Special Military rates available.~~
- NEW MEMBER     ALREADY A MEMBER

Membership or Microchip No. \_\_\_\_\_

### 1. Owner Information

Last Name	First Name	Middle Initial
Address		
City	State	Zip
Home Phone	Work Phone	
Fax	E-mail	

### 2. Alternate Contact

Last Name <b>WESTIE RESCUE</b>	First Name <b>WIDDOWS Beth</b>	Middle Initial <b>E</b>
Address <b>1371 W S BLVD</b>		
City <b>TROY</b>	State <b>MI</b>	Zip <b>48098</b>
Home Phone <b>248 879 2479</b>	Work Phone <b>-</b>	
Fax <b>-</b>	E-mail <b>bewl234@sbcglobal.net</b>	

### 3. Veterinarian/Implanter Information

Last Name	First Name	Middle Initial
Facility		
Address		
City	State	Zip
Phone	Fax	

### 4. Pet Information - Pet #1

Pet Name <b>ADOPTER</b>	
Species (Dog / Cat / Horse / Bird / Other) <b>D</b>	Breed <b>WESTIE</b>
Gender <b>♀</b>	Neuter/Spay/Chemical <b>X</b>
M / F <b>F</b>	No / Chem. <b>X</b>
Date of Birth (Year/Month/Date) <b>X / X / X</b>	
Color / Markings <b>WHITE</b>	
Medication <b>X</b>	
Other Data <b>X</b>	
Microchip ID# (please check for accuracy) <b>X</b>	

### 5. Pet Information - Pet #2

Pet Name	
Species (Dog / Cat / Horse / Bird / Other)	Breed
Gender	Neuter/Spay/Chemical
M / F	Yes / No / Chem.
Date of Birth (Year/Month/Date)	
Color / Markings	
Medication	
Other Data	
Microchip ID# (please check for accuracy)	

Make check payable to AVID® in the amount of \$18.50 per pet for the Single Pet Registry or Owner Transfer, or \$50.00 for the Multiple Pet Registry, or \$6.00 for information change.

- PAYMENT:     Check or Money Order
- CHARGE MY:     VISA                       Master Card
- Discover                       American Express

Card # \_\_\_\_\_

Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_

#### AUTHORIZATION

I acknowledge that the above information is true and correct. My signature authorizes the release of this information and payment if paying by credit card.

Signature \_\_\_\_\_ Date \_\_\_\_\_

PHONE: 951-371-7505 • 800-336-AVID • FAX: 951-737-8967

E-mail: Pettrac@AvidID.com • www.AvidID.com

REV. 05/06

ADOPTER

ADOPTER

LEAVE BLANK

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