



ADELAIDE PLAINS EQUINE CLINIC

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APEC Microchip Database Form

Owner: _____

Residential Address: _____

Postcode: _____

Phone: _____ Mobile: _____ Work: _____

Email: _____

Alternate contact person (if you can't be reached): _____

Phone: _____ Mobile: _____ Work: _____

Horse's Name: _____ Registered Name: _____

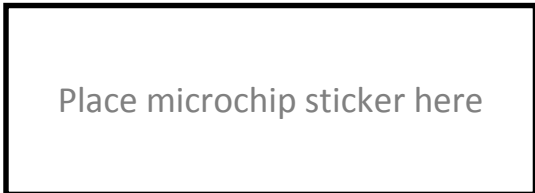
Age/DOB: _____ Sex: _____ Breed: _____

Nearside Brand: _____ Offside Brand: _____

Other markings/scars: _____

Primary address where horse is stabled: _____

Postcode: _____



Important notice to the owner: **PRIVACY STATEMENT** – This information is strictly confidential and only information necessary to enable identification of your horse will be used. This information will only be released to authorities when required by law for purposes associated with animal welfare and/or management of domestic animals. I have read, understand and accept these conditions of data use, and have sought permission from the alternate contact persons for providing their details. In signing this form I declare that this horse is owned by myself and that all information supplied is true and correct.

Owner Signature: _____ **Date:** _____

Guardian Signature (if under 18yr): _____ **Date:** _____

Veterinarian Signature: _____ **Date:** _____