



RWANDAN PET REGISTRY



Microchip Registration Form

Application Form for microchip registration in Rwanda at www.rwandanpetregistry.com

VETERINARIAN DETAILS:**Filled out by Vet**

Registering Vet's Name: Registration Number:

15 DIGIT MICROCHIP NUMBER: _ _ _ _ _

Microchip Implant Location: Date of Microchipping:

PET DETAILS:

Name: Pedigree Name:

Species: Dog ☐ Cat ☐ Other: Pedigree Number:.....

Gender: Male ☐ Female ☐ Pet Passport Number:

Breed: Spayed/Neutered?: Yes ☐ No ☐

Color:..... Date of Birth

Date of last Rabies Shot.....

OWNER CONTACT DETAILS:

Full Name: Phone Number.....

Email:..... Whatsapp Number:.....

OWNER ID: Type: National ID ☐ Passport ☐ Driver's License ☐

ID Number:..... Issuing Country:

OWNER ADDRESS: Province: District: Sector:.....

Cell name:..... Street Name: House Number:

PAYMENT DETAILS:

Momo only: Payment Code: 400680, CNR Transport LTD, Fee:RWF 25,000

TXLD:..... Date of Payment:.....

CONSENT:

I agree to provide my personal information, a copy of my ID, and further agree to Rwandan Pet Registry's Privacy Policy and Terms of Use. I wish to register my pet in the Rwandan Pet Registry, and I consent to voluntarily provide the information above.

I hereby confirm that I have checked the above information which is correct to my best knowledge, and I will upload a copy of this form, the Owner's ID, a photo of the pet and vaccine records to the registry within 24 hours of receipt.

.....
Owner's signature

.....
Registered Vet's signature and stamp

This document must be kept by the Vet for 5 years!

The copy must be uploaded to the website in 24 hours.

(www.rwandanpetregistry.com)

Date: