

Approved User Application – Implanter

Please provide answers to all questions. *If applicable.

| | |
|--|--|
| Organisation Name | |
| Website / Facebook | |
| Email | |
| Address | |
| Contact phone / alternate | |
| Accounts email (if diff. to above) | |
| Breeder / Rescue / Other | |
| Registered Charity Number* | |
| No. Members of your organisation requested to have access: | |

Please describe your organisation/situation:

Please describe your current use of the NZCAR:

Please provide a verifiable reference (e.g. veterinarian, SPCA, council member) who can confirm the details provided above (full name and contact details):

Further references may be required at the discretion of CANZ.

A Ministry of Justice check and financial reference may be requested prior to allowing access to the database.

By signing, you confirm you have read and understood the NZCAR [Terms and Conditions](#), [Privacy Policy](#) and [Disclaimer of Liability](#). If part of an organisation, by signing you confirm that you will distribute and ensure the understanding of this information to your team.

Signature:

Written name:

Date: