

# We'll Help Register Your Pet

[www.PetLink.net](http://www.PetLink.net)

Protecting your pet with the Datamars microchip was a wonderful choice. For the system to work, your pet must be registered on [www.PetLink.net](http://www.PetLink.net).

*Simply fill out this form and we'll secure your pet's registration and information, or you can register your pet yourself at [www.petlink.net](http://www.petlink.net). You will need this complete information for the registration process.*

## PERSONAL INFORMATION

Last Name\*: \_\_\_\_\_

First Name\*: \_\_\_\_\_

Primary Phone\*: \_\_\_\_\_

My primary phone is a mobile phone: Y \_\_\_\_\_ N \_\_\_\_\_

e-mail/Username\*: \_\_\_\_\_

(This will be used to log in to your private account on PetLink™)

Password\*: \_\_\_\_\_

Please provide a password with at least 5 characters. (You will use this password to access your PetLink account information. Please change it once you get home to secure your account).

## PET INFORMATION

Transponder ID/Microchip #\*: \_\_\_\_\_

Pet Name\*: \_\_\_\_\_

Gender\*: \_\_\_\_\_

Species\*: \_\_\_\_\_

Breed\*: \_\_\_\_\_

Primary Color\*: \_\_\_\_\_

**OFFICE USE ONLY: Attach Datamars bar code sticker**

[www.PetLink.net](http://www.PetLink.net) — connecting you with your pet with no annual fee

\*Required information

**DATAMARS**

[www.datamars.com](http://www.datamars.com)

## PERSONAL INFORMATION

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Country: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

## SECONDARY CONTACT

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

## PET INFORMATION

Markings: \_\_\_\_\_

Special Characteristics: \_\_\_\_\_

Tattoo Code, If Any: \_\_\_\_\_

Coat Length: \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Daily Medication(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## VETERINARIAN INFORMATION

Doctor Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Practice Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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Request additional registration sheets from your distributor.

