

Microchip Activation Form



Owner's Information

Last Name: (required) First Name: (required) Middle Initial:

Mailing Address: (required)

City: (required) State: (required) Zip: (required)

Home Phone: (required) Work Phone: Cell Phone:

Email Address: (required)

Alternate Contact

Last Name: First Name: Middle Initial:

Address:

City: State: Zip:

Home Phone: Work Phone: Cell Phone:

Email Address:

Veterinarian or Implanter

Last Name: First Name: Middle Initial:

Facility:

Address:

City: State: Zip:

Phone: Email Address:

Pet Information

Name: Species: (required) Breed:

Date of Birth Gender: (required) Neuter/Spay:

Color/markings: (required)

Microchip ID Number: (required) Provider Code: (if available)

Acceptance:

Signature: By entering my name in the box below I testify that the information contained herein is true and correct. My signature authorizes the release of this information in the best interests of the pet. (required)

Terms and Conditions:

Terms of Use Agreement and Conditions
 Welcome to www.microchipidsystems.com/register ("Site"), which is owned and operated by Microchip ID Systems, Inc. (MIDS). The following Terms of Use Agreement and Conditions ("Subscriber Agreement") governs your access to and use of the Site and the MIDS services made available to you by MIDS ("Services"). Please review the entire Subscriber Agreement carefully. *By checking the box that appears beneath the Subscriber Agreement when you activate your microchip online, you electronically sign the Subscriber Agreement and agree to be legally bound by all of the terms, conditions and notices contained or referenced herein.*

(Entire content can be viewed at microchipIDsystems.com)

Agree (I have read, understand, and agree to the terms and conditions of use.) (required)



Business office hours
9-5 CST Monday - Friday
Phone: (800) 434-2843 Fax: (985) 796-1531
Email: answers@microchipidsystems.com

Microchip ID Systems, Inc.
Activation Department
81447 Highway 25
Folsom, LA 70437

Credit Card Information *Activation Fee is \$19.75 for the life of your pet.* _____

Name and Address if different from above: _____

Credit Card Number: _____ **Expiration Date:** _____

CCV Code on back of card (MasterCard, Visa, Discover): _____

Phone (If different from above): _____

Signature: _____

You may fax or mail this Activation (using your credit card or personal check) to the address shown above. After processing, you will receive a confirmation letter via First Class Mail. Your free Wallet ID Card and Key Tag will be included!

Thank you!