

HomeAgain® Pet Recovery Service
P.O. Box 2014, East Syracuse, NY 13057-4514

If you have not received confirmation from us within two weeks please call:
1-866-PETID24 (1-866-738-4324)

You can enroll your pet online at www.HomeAgainID.com or fax to (315-634-9076), or mail the part below with payment in the envelope provided. Detach and keep this part for your records.



You have taken a major step to ensure your pet's safe return by selecting the HomeAgain® Pet Recovery Service. You can enroll your pet online at www.HomeAgainID.com. Or if you prefer, complete and mail this form to the address above. You may also fax the form to 315-634-9076. When you complete the online form or return this form, you and your pet will be enrolled in the HomeAgain Pet Recovery Service. Available 24 hours a day, this service reflects our commitment to helping you provide the best possible care for your pet.

INSTRUCTIONS FOR THE OTHER SIDE

Microchip ID	Unique number encoded in microchip.
Pet Info	Name of the animal receiving the microchip and other identifying information. If listed with a registry, please indicate which one, and your pet's registration number for additional identification.
Attending Veterinarian or Shelter	Veterinarian or shelter implanting the microchip and address where medical records are kept.
Owner	Your current name and address. Phone numbers and e-mail address are critical.
Alternate Contact	Someone to contact if you cannot be reached by telephone.
Pet's Veterinarian	Your pet's regular veterinarian if different from the attending veterinarian or shelter.
Enrollment Fee \$17.50	Make check payable to HomeAgain Pet Recovery Service. Do not send cash. American Express, MasterCard and VISA credit cards are accepted.

Online Enrollment Form is available at:

www.HomeAgainID.com

Pet Name

Microchip ID #

ENROLLMENT FORM

Please enter the following information online at www.HomeAgainID.com or fax to (315-634-9076), or mail completed and detached form with payment in the envelope provided. Keep this part for your records.

Microchip ID #

Pet Info

Please Print.

Pet Name	<input type="text"/>				
Species	<input type="text"/>	Breed	<input type="text"/>	Purebred (Y/N)	<input type="checkbox"/>
Sex (M/F)	<input type="checkbox"/>	Date of Birth (mm/dd/yyyy)	<input type="text"/>	Spayed/Neutered (Y/N)	<input type="checkbox"/>
Color/Markings	<input type="text"/>				
Registry (not required)	<input type="text"/>	Registration Number (not required)	<input type="text"/>		
Date of Implant (mm/dd/yyyy)	<input type="text"/>				

Attending Veterinarian or Shelter (for implant)

Name	<input type="text"/>				
Address	<input type="text"/>				
Address	<input type="text"/>				
City	<input type="text"/>	State	<input type="text"/>	Zip	<input type="text"/>
Day Phone	() <input type="text"/>	Evening Phone	() <input type="text"/>	Fax	() <input type="text"/>

Owner

Please be sure to include your phone numbers and e-mail address.

Name	<input type="text"/>				
Address	<input type="text"/>				
Address	<input type="text"/>				
City	<input type="text"/>	State	<input type="text"/>	Zip	<input type="text"/>
Day Phone	() <input type="text"/>	Evening Phone	() <input type="text"/>	Cell	() <input type="text"/>
Email address	<input type="text"/>				

Alternate Contact

Name	<input type="text"/>				
Day Phone	() <input type="text"/>	Evening Phone	() <input type="text"/>	Cell	() <input type="text"/>

Please fill in the following section if the Attending Veterinarian above is not your pet's regular veterinarian.

Pet's Veterinarian

Name	<input type="text"/>				
Address	<input type="text"/>				
Address	<input type="text"/>				
City	<input type="text"/>	State	<input type="text"/>	Zip	<input type="text"/>
Day Phone	() <input type="text"/>	Evening Phone	() <input type="text"/>	Fax	() <input type="text"/>

Enrollment Fee
\$17.50

This form must be returned for you and your pet to be enrolled in the HomeAgain® Pet Recovery Service. There is a one-time fee of \$17.50 per pet. You may enclose a check payable to HomeAgain Pet Recovery Service or pay by credit card.

<input type="checkbox"/> VISA	Account Number	<input type="text"/>		
<input type="checkbox"/> M/C	Signature	Expiration date	Amount	
<input type="checkbox"/> AMEX	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>