



Microchip Implantation Certificate

Registration of the horse DE _____

Name of sire: _____ Name of dam: _____

Sex: _____ Date of birth: _____

Colour: _____ Microchip Number: _____

Owner: _____

*VETERINARIAN CERTIFICATION OF MICROCHIP INSERTION:

I, certify that the above named horse was implanted with the above stated microchip in the left side of it's neck on _____ (insertion date).

Print Name of Veterinarian

Address of Veterinarian

Date, Place

Stamp and Signature

Contact:

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