



Friesian Horse Society, Inc.

Veterinary Certification of Microchip Implantation

This form must be completed when a horse is microchipped at any time other than at a Keuring/Inspection. DNA hairs must be pulled from the horse that is being microchipped.

Name of horse to be implanted: _____

Date of Birth: _____ Sex: _____

Sire: _____ Registry & Registration #: _____

Dam: _____ Registry & Registration #: _____

Owner: _____

Address: _____ City/State/Zip: _____

Phone: _____ Email: _____

Breeder: _____

Address: _____ City/State/Zip: _____

IMPLANTED MICROCHIP # (check with reader): _____

PLACE STICKER HERE:

Date of Implantation: _____ Date hair sample taken: _____

Certifying Veterinarian

Name: _____ Telephone: _____

Address: _____ City/State/Zip: _____

Signature

Date