



# Friesian Horse Society, Inc.

## Veterinary Certification of Microchip Implantation

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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

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