



Friesian Horse Society, Inc. (FHS)

Veterinary Certification of Microchip Implantation

For Office Use Only Date received: _____ Date Processed: _____

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

Name of horse to be implanted: _____

Date of Birth: _____ Sex: _____

Sire: _____ Registered with: _____

Registration No: _____

Dam: _____ Registered with: _____

Registration No: _____

Owner: _____

Address: _____

City: _____ State: _____ Zip _____

Breeder: _____

Address: _____

City: _____ State: _____ Zip _____

Implanted Microchip Number: _____
(check with reader)

Place sticker here: _____

Date of Implantation: _____ Hair sample taken on(date) _____

Certifying Veterinarian

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone _____

Signature _____ Date: _____

Please return this document to the FHS office listed below.

FHS - Friesian Horse Society Inc.

17670 Pioneer Trail

Plattsmouth, NE 68048

E-mail: info@friesianhorsesociety.com

Phone: 402-298-7347

FHS Fax: 402-298-7569