



**MICROCHIP IMPLANTATION CERTIFICATE**

This is to verify the horse (Registered Name): \_\_\_\_\_

Colour: \_\_\_\_\_ Sex : \_\_\_\_\_ DOB : \_\_\_\_\_

Registration Number DE \_\_\_\_\_

Sire : \_\_\_\_\_

Dam : \_\_\_\_\_

Dam Sire : \_\_\_\_\_

Was implanted with the microchip number: \_\_\_\_\_

STICKER: \_\_\_\_\_

Horse owner's name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name of the Vet: \_\_\_\_\_

I hereby verify that the above-mentioned horse was implanted with the above-mentioned microchip into the upper left neck.

Implantation date: \_\_\_\_\_

Signature and Stamp: \_\_\_\_\_