

Microchip Verification



- ARABIANHORSEASSOCIATION

Mail to: PO Box 173886 Denver, CO 80217-3886	For FedEx & UPS: 10805 E Bethany Dr Aurora, CO 80014
Phone: 303-696-4500 ArabianHorses.org	Fax: 303-696-4599 info@ArabianHorses.org

INSTRUCTIONS:

Horse Information: (To be completed by the owner/agent)

NAME:

REGISTRATION NUMBER:

Owner Information: (To be completed by the owner)

I verify that the above mentioned horse was presented to complete ID Verification for Microchipping.

SIGNATURE: _____

NAME:

DATE:

ID Information:

MARKINGS MATCH ORIGINAL CERTIFICATE: YES NO

MICROCHIP IMPLANT DATE: _____

PLACE STICKER HERE:

Veterinarian/Authorized Agent Information: (To be completed by the Vet/Agent)

As a licensed veterinarian or authorized agent I do verify the above information is correct for the above listed horse.

SIGNATURE: _____

PRINT NAME:

LICENSE NUMBER (if applicable):

DATE:

IF NOT COMPLETED BY A VETERINARIAN, PLEASE PROVIDE OTHER DOCUMENTED PROOF OF MICROCHIP ID

PLEASE RETURN A COPY OF THIS PAGE AND ANY OTHER PROOF OF MICROCHIP VERIFICATION TO ARABIAN HORSE ASSOCIATION ATTN: REGISTRATION OR E-MAIL AT

INFO@ARABIANHORSES.ORG

