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ARABIAN
HORSE ASSOCIATION

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Microchip Verification

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