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: ___________________

**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