

Microchip Verification For Veterinarian Use



Arabian Horse Association

6030 Greenwood Plaza
Blvd Suite 100 Greenwood
Village, CO 80111

ArabianHorses.org
info@arabianhorses.org
303.696.4500

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 and verified to complete ID
Verification for Microchipping.

Print Name: _____ **Signature:** _____

Markings Match Original Certificate: YES _____ NO _____

Microchip Implant Date: _____

Microchip Number: _____

Veterinarian: *(To be completed by the Veterinarian)*

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

Print Name: _____ **Signature:** _____

License Number (if applicable): _____ Date: _____

Please return a copy of this page to Arabian Horse Association

Arabian Horse Association
ATTN: Registration
6030 Greenwood Plaza Blvd, Ste 100
Greenwood Village, CO 80111
or email at info@arabianhorses.org

***NOTE** – It is the responsibility of the owner to know the state laws or other requirements regarding
the implantation of a microchip.

****** Go to your USEF member dashboard to report a microchip for your horse.