



Friesian Horse Society, Inc. (FHS)
Veterinary Certification of Microchip Number
For Horses Microchipped Prior to the FHS Registration Process

*This form must be completed when **the horse to be registered has a microchip other than one issued by FHS***

Name of horse having identity certified: _____

Date of Birth: _____ Sex: _____

Sire: _____ Registration No: _____

Dam: _____ Registration No: _____

Certifying Veterinarian states that on the date recorded below, he/she is a licensed veterinary practitioner and the left side of the neck of the horse listed above has the **Implanted Microchip Number of:** _____

(Veterinarian must check with a reader)

The veterinarian further states that the horse was also examined and the estimated age is _____

Were there any brands on the horse listed above upon examination?

If yes, please describe what and where the brand was located _____

After examining the entire horse, are there any white markings that you believe were NOT the result of aging or injury?
_____ If yes, please describe the location of the white markings. _____

Veterinarian's Printed Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Telephone _____

Signature _____ **Date:** _____

Please return this document to the FHS office listed below.

FHS - Friesian Horse Society Inc.

8090 Granite Falls Dr.

Redmond, OR 97756

E-mail: info@friesianhorsesociety.com

Phone: 402-298-7347

FHS Text: 402-804-3409