



# Friesian Horse Society, Inc.

## Veterinary Certification of Microchip Identification

This form must be completed **when the registration document(s) of a horse have been lost** and a replacement is being requested.

Name of horse having identity certified: \_\_\_\_\_ Sex: \_\_\_\_\_

Registry & Registration #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Sire: \_\_\_\_\_ Registry & Registration #: \_\_\_\_\_

Dam: \_\_\_\_\_ Registry & Registration #: \_\_\_\_\_

**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 previously implanted **Microchip Number of:** \_\_\_\_\_

**(Veterinarian must check with 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? \_\_\_\_\_ Yes \_\_\_\_\_ No

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? \_\_\_\_\_ Yes \_\_\_\_\_ NO

If yes, please describe location of white markings: \_\_\_\_\_

After examining both sides of the horse's tongue, is there a tattoo? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, the tattoo is: \_\_\_\_\_

**Veterinarian's Printed Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City/State/Zip:** \_\_\_\_\_

**Signature**

**Date**

**Owner Certification:** The person identified and whose signature is below, certifies and will provide proof to the FHS, that he/she is the owner of the horse listed above. Additionally certifies that the original registration document(s) have been lost, and that all the identification information provided about the horse listed above is correct.

**Owner's Printed Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City/State/Zip:** \_\_\_\_\_

**Signature**

**Date**