



Friesian Horse Society, Inc. (FHS)

Veterinary Certification of Microchip Implantation

For Office Use Only	
Date received: _____	Date Processed: _____

*This form must be completed when a horse is microchipped at any time other than at a Keuring.
DNA hairs must be pulled from the horse that is being microchipped.*

Name of horse to be implanted: _____

Date of birth: _____

Sex: _____

Sire: _____

Registered with: _____

Registration Number: _____

Dam: _____

Registered with: _____

Registration Number: _____

Name of Owner: _____

Street Address: _____

City: _____

State: _____

Zip Code: _____

Name of Breeder: _____

Street Address: _____

City: _____

State: _____

Zip Code: _____

Implanted Microchip Number:
(check with reader)

Place sticker here: _____

Date of Implantation: _____

Hair sample taken on(date) _____

Certifying Veterinarian

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