

Veterinary Verification of Permanent Identification

Please write the information in blue or black ink.

OWNER'S NAME

BREED

DOG'S CALL NAME

DOG'S SEX

DOG'S REGISTERED NAME

DOG'S DATE OF BIRTH (MM/DD/YYYY)

MICROCHIP NUMBER

COAT COLOR

REGISTRATION NUMBER AND BODY (OPTIONAL)

FOR VETERINARIANS

As the undersigned, I hereby certify that the sample submitted for this dog was collected by me or a directly supervised member of my staff; the information provided for this dog and owner is accurate; I have verified permanent identification of this dog in that the microchip has been scanned and confirmed and/or tattoo listed above visually identified.

VETERINARIAN'S NAME (PLEASE PRINT)

VETERINARIAN'S SIGNATURE

VETERINARY LICENSE NUMBER AND STATE OF ISSUE

DATA COLLECTED AND SIGNED

VETERINARIAN'S EMAIL

HOSPITAL STAMP: