

DUPLICATE FORM-VETERINARY CERTIFICATE OF IDENTITY
PLEASE SUBMIT \$120 WITH THIS FORM

NAME OF HORSE OWNER: _____ **R#** _____

ADDRESS: _____

CITY/STATE/ZIP: _____

Registration Number	Name of Horse	Electronic ID Number	Birth Date	Gender
				M <input type="checkbox"/> F <input type="checkbox"/>

S/D	Name of Sire/Dam	Registry Number	UK Accession Number
Sire			
Dam			

Veterinary Certification

I hereby certify that on this day I, a licensed veterinary practitioner, have examined the horse who is, to the best of my knowledge, the horse identified on this form.

- I estimate the age of the horse to be approximately: _____
- I have looked for a brand on the left side of the horse's neck and have found the following brand mark(s) (*indicate if none were found*): _____
- I have looked for a tattoo on both sides of the horse's tongue and have found the following identification code(s) (*indicate if none were found*): _____
- If applicable, I have scanned the microchip implanted in the horse's neck and have read the following microchip identification code: _____
- I have carefully looked over the entire horse, including hooves and soles, for any white markings and found the following (*indicate if none were found; also indicate if you believe any markings were the result of aging or an injury to the area*): _____

Signature of Licensed DVM _____

_____ Date

Name printed: _____ Telephone _____

Owner Certification

I hereby certify the identity of the horse listed above as the same horse registered and recorded with Het Friesch Paarden Stamboek, or whose registration is pending in that book.

Signature of owner of the horse identified above

_____ Date

