DOGS VICTORIA
YOUR CANINE COMMUNITY

VETERINARIAN MICROCHIPPING CERTIFICATION FORM

LITTER INFORMATION	
Breed:	
Date of Birth:	
Pedigree name of Dam:	Pedigree name of the Sire:
Dam ANKC Registration Number:	Sire ANKC Registration Number:
Dam Microchip Number:	Sire Microchip Number:

SEX (CIRCLE)	FIRST CHOICE NAME (NAME ONLY, NO PREFIX)	COLOUR (AS PER DOGS AUSTRALIA BREED STANDARD)	MICROCHIP STICKER:

Declaration to be completed and signed by Veterinarian:

I, _____ from _____ clinic, hereby certify that on the _____/_____20_____ the above Litter of puppies were presented for microchip implantation and hereby state that in this instance implanting the microchip when it is less than 8 weeks old is not likely to be a serious risk to the health of the dog.

Signature of Veterinary Surgeon: _____