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:
Dog Bitch			
Dog Bitch			
Dog Bitch			
Dog Bitch			
Dog Bitch			
Dog Bitch			
Dog Bitch			
Dog Bitch			
Dog Bitch			
Dog Bitch			
Dog Bitch			
Dog Bitch			
Dog Bitch			

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: _____