



American Trakehner Association

Microchip Form

Horse's Registered Name: \_\_\_\_\_

Horse's Registration Number: \_\_\_\_\_

Horse color/markings: \_\_\_\_\_

Microchip #: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

**\*\* VETERINARIAN CERTIFICATION OF MICROCHIP INSERTION \*\***

I certify that the above named horse was implanted with the above stated microchip in the left side of its neck on \_\_\_\_\_ (insertion date).

\_\_\_\_\_  
Signature of Veterinarian

\_\_\_\_\_  
Print name of Veterinarian

\_\_\_\_\_  
Date Form Signed

\* Please return to ATA Office via email or mail \*

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