

Veterinary Verification Form

NOTE: Form must be returned with the Animal's Sample

Animal Details

Call Name: _____

Registered Name: _____

Animal Type: _____ Breed: _____

Sex: _____ DOB: _____

Sample Type: _____

Date of Sampling: _____ Registration #: _____

Microchip #: _____ Tattoo #: _____

Veterinarian Name (Please Print)

Veterinary License #

State of Issue

Veterinarian Signature

Date Signed

**By signing this document I verify that the taken sample belongs to the designated animal.
I confirm that provided information is accurate and matches the identity of this animal.*