

**To be signed by your
Implanting Veterinarian**



MHAA OFFICE
P.O.Box 559
EMERALD
VIC 3782

MINIATURE HORSE ASSOCIATION OF AUSTRALIA INC.

MICROCHIP REGISTRATION FORM

OWNERS DETAILS

Owner _____ M/Ship No _____

Address _____

City _____ State _____ Postcode _____

Signed _____ Date _____

Phone (H) _____ Phone (W) _____ Mobile _____

Email _____

HORSE DETAILS

Horse Name _____ Reg No _____

Sex _____ DOB _____ Colour _____

Any Distinguishing Marks _____

IMPLANTING VETERINARIAN

Name _____ Qualification _____

Address _____

City _____ State _____ Postcode _____

Phone _____ Date _____

I hereby certify I have implanted Microchip No

And have sighted the horse's current Registration Papers or identified the horse by the distinguishing marks as indicated above.

Signed by Veterinarian _____ Date _____

*This form to be submitted with application to register:
Microchip to be to ISO standard*

22/1/2008