



ABN 83 117 455 419

P.O Box 56 Beaconsfield
TAS 7270

AUSTRALIAN MINIATURE HORSE & PONY REGISTRY

MICROCHIP APPLICATION

NAME OF HORSE/PONY _____

DATE OF BIRTH _____ HEIGHT _____

COLOUR _____

MARKINGS _____

REGISTRATION NO _____ SEX _____

OWNER/LESSEE _____ MEM NO _____

ADDRESS _____

_____ POST CODE _____

PHONE _____ EMAIL _____

VETERINARIAN/QUALIFIED IMPLANTER _____

DATE OF IMPLANT _____ I HEREBY CERTIFY I HAVE IMPLANTED

MICROCHIP NO _____

SIGNATURE _____ QUALIFICATIONS _____