

**GSDF'S COPY
CERTIFICATE OF REGISTRATION**

PET'S NAME:
DATE OF BIRTH:
mm/dd/yy
GENDER:

See back for additional information

OWNER'S NAME:
ADDRESS:
MOBILE #: PHONE #:
EMAIL ADDRESS:

*Your pet's safe return depends on your contact details above.
Please write clearly. If you include your email address you will be able to update your details online any time.

IMPLANT DATE:
mm/dd/yy
VETERINARIAN:



VET'S SIGNATURE

MICROCHIP NUMBER / STICKER

**PETIDENTITY'S COPY
CERTIFICATE OF REGISTRATION**

PET'S NAME:
DATE OF BIRTH:
mm/dd/yy
GENDER:

See back for additional information

OWNER'S NAME:
ADDRESS:
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IMPLANT DATE:
mm/dd/yy
VETERINARIAN:



VET'S SIGNATURE

MICROCHIP NUMBER / STICKER

**VETERINARIAN'S COPY
CERTIFICATE OF REGISTRATION**

PET'S NAME:
DATE OF BIRTH:
mm/dd/yy
GENDER:

OWNER'S NAME:
EMAIL ADDRESS:



I hereby declare that I am the actual owner of the pet, or I am duly authorized by the owner whose name I have entered and I fully accept Terms and Agreement

OWNER'S SIGNATURE OVER PRINTED NAME

**OWNER'S COPY
CERTIFICATE OF REGISTRATION**

PET'S NAME:
DATE OF BIRTH:
mm/dd/yy
GENDER:

VETERINARIAN'S NAME:
ADDRESS:



Overall procedure of GSDF Microchip implant has been fully explained by the authorized Veterinarian

VET'S SIGNATURE

MICROCHIP NUMBER / STICKER



GERMAN SHEPHERD DOG FEDERATION OF THE PHILIPPINES
9694 6th Floor A&N Bldg. Kamagong Cor. Saint Paul Rd.,
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In Partnership with PETDENTISTRY
http://petdentistry.com.ph

MICROCHIP NUMBER / STICKER



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WEIGHT (Kg) COLOR
PET ORIGIN: Local Imported
Specify Origin



GERMAN SHEPHERD DOG FEDERATION OF THE PHILIPPINES

CONSENT FOR MICROCHIP IMPLANT

I, the undersigned, of legal age, under my own volition and free will, do voluntarily give consent to submit my dog, _____ for microchip implants by a licensed veterinarian commissioned by the German Shepherd Dog Federation of the Philippines (GSDF).

It is Understood that whatever the outcome of the procedure, the German Shepherd Dog Federation of the Philippines (GSDF) and it's veterinarians will not be held liable for any charges which may be claimed by anyone.

In witness whereof, I hereunto affix my signature this ____ day of _____, 20____, at _____.

Owner's Signature Over Printed Name

Date

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WEIGHT (Kg) COLOR
PET ORIGIN: Local Imported
Specify Origin



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