Get Me Known

Microchip No: _____   (Please use barcode sticker here)

Animal Information

Kennel Name	_____	DOB	_____
	_____	Species	_____
Call Name	_____	Sterilised	Yes / No
Description	_____	Gender	_____
Breed	_____	Color	_____

Owner Contact Details

Name	_____	Residential	_____
TEL	_____		_____
CELL	_____	Postal	_____
E-Mail	_____		_____

Implant Information

info@getmeknown.co.za

Implanted by	_____
Practice No.	_____
TEL	_____
* Date Implanted	_____

* The microchip No. and implant date are locked fields on our system and
  cannot be changed by staff nor users once registered.

Date _____

Get Me Known (Pty) Ltd   +27 82 373 6375   info@getmeknown.co.za   www.getmeknown.co.za

OFFICIAL USE

I, ……………………………………………………………. from Veterinary Practice ………………………………………….

Practice Number ……………………………………. With Contact Tel No……………………………………………………………….

hereby certify that the information as provided for Microchip Number ……………………………………………..that

<u>was</u> / <u>was not</u> implanted by me on ………………………………………………………………………………. is correct.

…………………………………………   ………………………………………………

Signature   Date   Practice official Stamp