



ROTTWEILER CLUB OF CANADA

VETERINARIAN
VERIFICATION OF TATTOO or MICROCHIP
Original signed copy must be submitted to RCC – IPO Chair

Date _____

Owner _____

Address _____

City _____ Prov _____ PC _____

Phone _____ E-mail _____

Dog's Name _____

Registration No. _____ Date of Birth _____

Breeder _____ Phone _____

Address _____

TO BE COMPLETED BY THE VETERINARIAN:

- I have tattooed/microchipped the dog named herein as follows:**

Tattoo/Microchip No. _____ **Location** _____

- I have examined the tattoo/microchip of the herein described dog and hereby verify the number and location to be as follows:**

Tattoo/Microchip No. _____ **Location** _____

Name (please print) _____ **License No.** _____

Clinic Name _____

Address _____

Signature _____ **Date** _____