



**Seattle  
Humane**

Saving Lives, Completing Families

# Microchip Implant Form

Veterinary Services Reception Desk: 425-649-7560

I, the undersigned, hereby request microchip identification implant for my pet. I declare under penalty of perjury that I own the animal described below or am properly authorized to present the animal for microchipping.

I certify that my gross household income, or that of the animal's owner, is less than 80% of the median family income for the county in which I reside (see chart for income figures).

For the safety of our staff, we reserve the right to refuse service for aggressive animals.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Owner Information:

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone Number \_\_\_\_\_

## Animal Information:

Name \_\_\_\_\_

Age \_\_\_\_\_ Sex \_\_\_\_\_ Altered: \_\_\_ yes \_\_\_ no

Breed \_\_\_\_\_

Color \_\_\_\_\_

## Office Use Only:

Person ID: \_\_\_\_\_

Animal ID: \_\_\_\_\_

Microchip #: \_\_\_\_\_

