

Veterinary Verification of Permanent Identification

Please write the information below the headings in blue or black ink.

OWNER'S NAME:

BREED:

DOG'S CALL NAME:

DOG'S SEX:

DOG'S REGISTERED NAME:

DOG'S DATE OF BIRTH (MM/DD/YYYY):

MICROCHIP NUMBER:

COAT COLOR:

TATTOO NUMBER (IF APPLICABLE):

EMBARK COLLECTION SWAB UNIQUE NUMBER:

REGISTRATION NUMBER AND BODY (OPTIONAL):

FOR VETERINARIANS

As the undersigned, I hereby certify that the sample submitted for this dog was collected by me or a directly supervised member of my staff; the information provided for this dog and owner is accurate; I have verified permanent identification of this dog in that the microchip has been scanned and confirmed and/or tattoo listed above visually identified.

VETERINARIAN'S NAME (PLEASE PRINT):

VETERINARIAN'S SIGNATURE:

VETERINARY LICENSE NUMBER AND STATE OF ISSUE:

DATE COLLECTED AND SIGNED:

VETERINARIAN'S EMAIL:

HOSPITAL STAMP:

PLEASE NOTE: Embark does not send results directly to veterinarians. This completed and signed form must be scanned or photographed and uploaded to the dog's Embark account profile. Do not mail this form in with the swab.