



IF APPLICABLE:
 COMPETITION NAME: _____
 COMPETITION #: _____
 COMPETITION LOCATION: _____

US EQUESTRIAN MICROCHIP REPORTING FORM

THIS FORM MAY BE USED FOR ANY MICROCHIP REPORTING INCLUDING HUNTER/JUMPER MICROCHIP REQUIREMENTS (HU101, JP100, EQ103).

NAME OF HORSE:	HORSE USEF ID#:	MICROCHIP # OR AFFIX STICKER HERE:
OWNER:	OWNER USEF ID#:	

NAME OF HORSE:	HORSE USEF ID#:	MICROCHIP # OR AFFIX STICKER HERE:
OWNER:	OWNER USEF ID#:	

NAME OF HORSE:	HORSE USEF ID#:	MICROCHIP # OR AFFIX STICKER HERE:
OWNER:	OWNER USEF ID#:	

NAME OF HORSE:	HORSE USEF ID#:	MICROCHIP # OR AFFIX STICKER HERE:
OWNER:	OWNER USEF ID#:	

NAME OF HORSE:	HORSE USEF ID#:	MICROCHIP # OR AFFIX STICKER HERE:
OWNER:	OWNER USEF ID#:	

NAME OF HORSE:	HORSE USEF ID#:	MICROCHIP # OR AFFIX STICKER HERE:
OWNER:	OWNER USEF ID#:	

NAME OF HORSE:	HORSE USEF ID#:	MICROCHIP # OR AFFIX STICKER HERE:
OWNER:	OWNER USEF ID#:	

NAME OF HORSE:	HORSE USEF ID#:	MICROCHIP # OR AFFIX STICKER HERE:
OWNER:	OWNER USEF ID#:	

NAME OF HORSE:	HORSE USEF ID#:	MICROCHIP # OR AFFIX STICKER HERE:
OWNER:	OWNER USEF ID#:	

PRINT NAME: _____

DATE: _____

SIGNATURE: _____

TITLE: OWNER VET TRAINER