



GERMAN SHEPHERD DOG CLUB OF AMERICA-  
WORKING DOG ASSOCIATION, INC.

**VETERINARIAN**  
**VERIFICATION OF TATTOO or MICROCHIP**  
**Original signed copy must be submitted to GSDCA-WDA Office**

Date \_\_\_\_\_

Owner \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Dog's Name \_\_\_\_\_

AKC Registration No. \_\_\_\_\_ Date of Birth \_\_\_\_\_

Breeder \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

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**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 \_\_\_\_\_