

PHILIPPINE CANINE CLUB, INC.
 Rm. 206 Hillcrest Condominium
 1616 E. Rodriguez, Sr. corner Hillcrest Streets
 Cubao, Quezon City, Philippines
 Tel: +632-7218345
 Fax: +632-7217152
 Email: info@pcci.org.ph
 Website: www.pcci.org.ph

APPLICATION TO PURCHASE MICROCHIP

Name of registered owner: _____
 Membership Number: _____
 Address: _____
 Tel. Number: _____ Email address: _____

	Name of Dog & PCCI Registration Number	Color	Sex	Microchip Number
1				
2				
3				
4				
5				
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9				
10				

I, the undersigned would like to purchase microchip(s) from PCCI for microchip identification of the above-listed dog(s) to be implanted by a licensed veterinarian.

I understand that the microchip identification will only be recorded in the PCCI database upon the submission of the PCCI's copy of the Microchip Certificate/Form, duly accomplished and certified by the licensed veterinarian who implanted the microchip.

Signature of Registered Owner

Date

Microchip issued by:

Date