Department
for Environment Food \& Rural Affairs

## Certificate of Exemption

To be completed by the veterinary surgeon signing below-

1. I( INSERT NAME ), confirm that I have examined the dog and am satisfied that it should not be implanted with a microchip for the following health reason(s):
and for the following length of time:
a) for the remaining life of the dog* or,
b) until (insert date $d d / m m / y y y y)^{*}$
(*delete as appropriate)
The description of the dog is as follows (include breed/cross-breed of dog, age, size, colour of coat, any distinguishing features):

Signature of Veterinary Surgeon:
Name (in capitals):
MRCVS number:
Address of Veterinary Surgeon's Practice:

Statement to be completed by the keeper of the dog or a person authorised by the keeper to represent him-
2. I, INSERT NAME ), confirm that:

I am [the keeper of the dog/authorised to represent the keeper of the dog*], (*delete whichever is inapplicable) and I understand that this certificate is only valid for the period stated above.

Signature of keeper of the dog or of the person authorised to represent him:

Name (in capitals):
Address:

