

JAMAICA RACING COMMISSION

APPLICATION FOR Micro-Chipping

I hereby request Micro-Chipping for the following horse(s)

N.B. Age/Year of Birth, Sex, Colour & Pedigree must be given for an un-named horse.

	NAME or PEDIGREE	Year of Birth	Colour	Sex
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				

Location of horse(s) _____

Name of Owner/Trainer _____

Signature of Owner/Trainer _____

FOR OFFICIAL USE ONLY:

REGISTRATION DEPARTMENT

DATE : -----

AMOUNT PAYABLE: -----

Checked by: -----

Date updated: -----

ACCOUNTS DEPARTMENT

AMOUNT RECEIVED.....

RECEIPT #

SIGNED

DATE

N.B. Kindly apply for Micro-Chipping at least 5 working days before the animal is expected to be nominated to race .