



Statement of Understanding

By my signature below, I confirm that I have reviewed the Distinguishing Marks Document and the Description of Body Parts (English/Spanish) and understand how to record the markings on the PRE Mundial Birth Certificate. As a veterinarian or Authorized Person in the inscripción/registration process I agree to follow all the regulations of inscripción as are now in place as well as those which may be sent to me in the future as supplemental data.

I also confirm that I am qualified by education, institution or experience to evaluate and record this information and that I will do so in an impartial manner with integrity.

My service is not limited but may be terminated by mutual agreement or unilaterally from either side with appropriate notice.

Signed _____

Print Your Name _____

Hospital, Clinic or Farm Name: _____

Address _____

City/State/Zip _____

Tel: _____ Cell: _____

Fax _____

Email: _____

Website: _____