

# PENNSYLVANIA BUREAU OF DOG LAW ENFORCEMENT

## PERMANENT IDENTIFICATION VERIFICATION FORM

 MICROCHIP

 TATTOO

MICROCHIP # \_\_\_\_\_ or TATTOO # \_\_\_\_\_  
MUST BE COMPLETED BY PERSON IMPLANTING OR SCANNING MICROCHIP      MUST BE COMPLETED BY COUNTY TREASURER PRIOR TO TATTOOING

DOG'S NAME \_\_\_\_\_  
 DOG'S BREED \_\_\_\_\_ DOB \_\_\_\_\_ DOG'S SEX    MALE     NEUTERED MALE     FEMALE     SPAYED FEMALE

DOG'S COLOR/MARKINGS    SPOTTED     WHITE     BLACK     BROWN     OTHER - INDICATE \_\_\_\_\_

OWNER'S NAME \_\_\_\_\_ STREET OR R.D. NO. \_\_\_\_\_

CITY \_\_\_\_\_ STATE **PA**    ZIP \_\_\_\_\_    TELEPHONE NO. \_\_\_\_\_

TOWNSHIP \_\_\_\_\_ COUNTY \_\_\_\_\_

NAME OF PERSON circle one MICROCHIP IMPLANTING or SCANNING or TATTOOING    VETERINARIAN PRACTICE# (TATTOO or MICROCHIP)

**BV**

STREET OR R.D. NO \_\_\_\_\_ PA KENNEL LICENSE # (MICROCHIP) \_\_\_\_\_

COUNTY \_\_\_\_\_ CITY \_\_\_\_\_    STATE \_\_\_\_\_    ZIP \_\_\_\_\_    TELEPHONE NO. \_\_\_\_\_

I MAKE THIS STATEMENT SUBJECT TO THE CRIMINAL PENALTIES OF  
 18 Pa. C.S. § SECTION 4904 (RELATING TO UNSWORN FALSIFICATION TO AUTHORITIES).

\_\_\_\_\_  
 SIGNATURE OF PERSON IMPLANTING / SCANNING MICROCHIP/TATTOOING      DATE

\_\_\_\_\_  
 SIGNATURE OF DOG OWNER      DATE

FORM MUST BE RETURNED TO COUNTY TREASURER WITHIN 30 DAYS OF RECEIPT \_\_\_\_\_

Form is VOID if not returned to Treasurer on or before date listed