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 ______________________

DOB _______ DOG'S SEX ☐ ☐ ☐ ☐

NEUTERED MALE MALE FEMALE FEMALE

SPAYED MALE 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 ______________________ STATE PA ZIP ____________ TELEPHONE NO. ________

I MAKE THIS STATEMENT SUBJECT TO THE CRIMINAL PENALTIES OF
16 Pa. C.S. § SECTION 4904 (RELATING TO UNGRANTED 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