

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 _____ **NEUTERED** **SPAYED**
DOG'S BREED _____ **DOB** _____ **DOG'S SEX** **MALE** **MALE** **FEMALE** **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