Pennsylvania Bureau of Dog Law Enforcement
Permanent Identification Verification Form

☐ Microchip  ☐ Tattoo

Microchip #:  

Tattoo #:  

Dog's Name:  

Dog's Breed:  DOB:  Dog's Sex: ☐ Male  ☐ Female

Dog's Color/Marking: ☐ 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  Scanning  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. § 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.