

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 FEMALE NEUTERED MALE 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