



BUREAU OF DOG LAW ENFORCEMENT  
PENNSYLVANIA DEPARTMENT OF AGRICULTURE  
**PERMANENT IDENTIFICATION  
VERIFICATION FORM**

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

DOG'S NAME \_\_\_\_\_ MALE FEMALE  
 DOG'S BREED \_\_\_\_\_ DOG'S AGE \_\_\_\_\_ DOG'S SEX

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

OWNER'S NAME		STREET	
CITY	STATE	ZIP	TELEPHONE NO.
	<b>PA</b>		
TOWNSHIP	COUNTY		

NAME OF PERSON <small>circle one MICROCHIP-IMPLANTING or SCANNING or TATTOOING</small>		VETERINARIAN PRACTICE # (TATTOO or MICROCHIP)	
		<b>BV</b>	
STREET		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