

**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