



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