



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.
	PA		
TOWNSHIP	COUNTY		

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