



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  
**PA**

ZIP

TELEPHONE NO.

TOWNSHIP

COUNTY

NAME OF PERSON circle one MICROCHIP-IMPLANTING or SCANNING or TATTOOING

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