



**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. _____

TOWNSHIP _____

COUNTY _____

NAME OF PERSON APPLICABLE TO 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 _____