

**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