



DOG LAW ENFORCEMENT OFFICE
 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 _____ NEUTERED SPAYED
MALE MALE FEMALE FEMALE
 DOG'S BREED _____ DOB _____ DOG'S SEX

DOG'S COLOR/MARKINGS SPOTTED WHITE BLACK BROWN OTHER-INDICATE _____

OWNER'S NAME _____ STREET _____

CITY _____ STATE ZIP TELEPHONE NO.
PA

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

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.