

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 _____
NUETERED SPAYED
MALE MALE FEMALE FEMALE

DOG'S BREED _____ DOB _____ DOG'S SEX

DOG'S COLORINGS/MARKINGS SPOTTED WHITE BLACK BROWN OTHER – INDICATE

OWNER'S NAME STREET OR R.D. N.O.

CITY STATE ZIP TELEPHONE NO.
 PA

TOWNSHIP COUNTY

NAME OF PERSON MICROCHIPPING-IMPLANTING SCANNING OR TATTOOING VETERINARIAN PRACTICE # (TATTOO OR MICROCHIP)

STREET OR R.D. NO. PA KENNEL LICENSE # (MICROCHIP)

COUNTY CITY **PA** TELEPHONE NO.

II MAKE THIS STATEMENT SUBJECT TO THE CRIMINAL PENALTIES OF
18 Pa. C.S. Section 4904 (RELATING TO UNSWORN FALSIFICATION OF AUTHORITIES.)

SIGNATURE OF PERSON IMPLANTING/SCANNING MICROCHIP/TATTOO DATE

SIGNATURE OF DOG OWNER DATE

FORM MUST BE RETURNED TO COUNTY TREASURER WITHIN 30 DAYS OF RECEIPT