PENNSYLVANIA BUREAU OF DOG LAW ENFORCEMENT
PERMANENT IDENTIFICATION VERIFICATION FORM

<table>
<thead>
<tr>
<th>Microchip</th>
<th>Tattoo</th>
</tr>
</thead>
</table>

**MICROCHIP #**

**TATTOO #**

**MUST BE COMPLETED BY PERSON IMPLANTING OR SCANNING MICROCHIP**

**MUST BE COMPLETED BY COUNTY TREASURER PRIOR TO TATTOOING**

<table>
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<tr>
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<th>TATTOO #</th>
</tr>
</thead>
</table>

**DOG’S NAME**

**NUETERED**

**MALE**

**FEMALE**

**SPAYED**

**MUST BE COMPLETED BY PERSON IMPLANTING OR SCANNING MICROCHIP**

**MUST BE COMPLETED BY COUNTY TREASURER PRIOR TO TATTOOING**

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</tr>
</thead>
</table>

**DOG’S BREED**

**DOB**

**DOG’S SEX**

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<th>SPOTTED</th>
<th>WHITE</th>
<th>BLACK</th>
<th>BROWN</th>
<th>OTHER</th>
</tr>
</thead>
</table>

**DOG’S COLORINGS/MARKINGS**

**OWNER’S NAME**

**STREET OR R.D. N.O.**

**CITY**

**STATE**

**PA**

**ZIP**

**TELEPHONE NO.**

**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.**

**I 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**