### PENNSYLVANIA BUREAU OF DOG LAW ENFORCEMENT
### PERMANENT IDENTIFICATION VERIFICATION FORM

<table>
<thead>
<tr>
<th>MICROCHIP</th>
<th>TATTOO</th>
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**MUST BE COMPLETED BY PERSON IMPLANTING OR SCANNING MICROCHIP
MUST BE COMPLETED BY COUNTY TREASURER PRIOR TO TATTOING**

**DOG'S NAME**

**DOG'S BREED**

**DOB**

**DOG'S SEX**

- MALE
- FEMALE

**NEUTERED**

- MALE
- FEMALE

**SPAYED**

- MALE
- FEMALE

**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 IMPLANTING or MICROCHIP IMPLANTING or SCANNING or TATTOOING**

**VETERINARIAN PRACTICE**

**BV**

**STREET OR R.D. NO**

**PA KENNEL LICENSE # (MICROCHIP)**

**COUNTY**

**CITY**

**STATE**

- PA

**ZIP**

**TELEPHONE NO.**

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I MAKE THIS STATEMENT SUBJECT TO THE CRIMINAL PENALTIES OF 18 Pa. C.S. § SECTION 4904 (RELATING TO UNIFORM 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.