

BUREAU OF DOG LAW ENFORCEMENT
 PENNSYLVANIA DEPARTMENT OF AGRICULTURE
**PERMANENT IDENTIFICATION
 VERIFICATION FORM**



MUST BE COMPLETED BY PERSON IMPLANTING OR SCANNING MICROCHIP or TATTOO # MUST BE COMPLETED BY COUNTY TREASURER PRIOR TO TATTOOING

DOG'S NAME _____ DOG'S AGE _____ DOG'S SEX MALE FEMALE

DOG'S BREED _____ DOG'S COLOR/MARKINGS SPOTTED WHITE BLACK BROWN OTHER-INDICATE _____ DOG'S SEX MALE FEMALE

OWNER'S NAME _____ STREET _____

CITY _____ STATE _____ ZIP _____ TELEPHONE NO. _____

TOWNSHIP _____ COUNTY _____

NAME OF PERSON OR DATA 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 _____