



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 MALE SPAYED FEMALE  
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.