# 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** ________________________________  
**Dog's Breed** ________________________________  
**Dog's Sex**  
- Male  
- Female  
**Dog's Neutered**  
- Male  
- Female  
**Dog's Color/Markings**  
- Spotted  
- White  
- Black  
- Brown  
- Other—Indicate [ ]  
**Owner's Name** ________________________________  
**Street** ________________________________

**City** ________________________________  
**State** PA  
**Zip**  
**Telephone No.** ________________________________

**Township** ________________________________  
**County** ________________________________

**Name of Person**  
**Dog Implanting/Scanning Microchip/Tattooing** [ ]  
**Veterinarian Practice # (Tattoo or Microchip)** BV  
**Street** ________________________________  
**Pa Kennel License # (Microchip)** ________________________________

**County** ________________________________  
**City** ________________________________  
**State** PA  
**Zip**  
**Telephone No.** ________________________________

_I make this statement subject to the criminal penalties of 18 Pa. C.S. § 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.