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

<table>
<thead>
<tr>
<th>Microchip</th>
<th>Tattoo</th>
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**MICROCHIP #**

**TATTOO #**

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<table>
<thead>
<tr>
<th>DOG'S NAME</th>
<th>DOG'S BREED</th>
<th>DOB</th>
<th>DOG'S SEX</th>
<th>NEUTERED</th>
<th>SPAYED</th>
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<table>
<thead>
<tr>
<th>DOG'S COLOR/MARKINGS</th>
<th>SPOTTED</th>
<th>WHITE</th>
<th>BLACK</th>
<th>BROWN</th>
<th>OTHER</th>
<th>INDICATE</th>
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**OWNER'S NAME**

**STREET OR R.D. NO.**

**CITY**

**STATE** PA

**ZIP**

**TELEPHONE NO.**

**TOWNSHIP**

**COUNTY**

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**NAME OF PERSON**: circle one - MICROCHIP-IMPLANTING or SCANNING or TATTOOING

**VETERINARIAN PRACTICE**: (TATTOO or MICROCHIP)

**BV**

**STREET OR R.D. NO.**

**PA KENNEL LICENSE #:** [MICROCHIP]

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**COUNTY**

**CITY**

**STATE**

**ZIP**

**TELEPHONE NO.**

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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**

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**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.

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