Pennsylvania Bureau of Dog Law Enforcement
Permanent Identification Verification Form

☐ Microchip  ☐ Tattoo

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 __________________________ Dob __________ Dog's Sex ☐ Male ☐ Neutered ☐ Female ☐ Spayed

Spotted ☐ White ☐ Black ☐ Brown ☐ Other - Indicate ☐

Dog's Color/Markings ☐

Owner's Name __________________________ Street or R.D. No. __________________________

City __________________________

State PA Zip Telephone No. __________________________

County __________________________ Township __________________________

Name of Person __________________________

Circle one: Microchip-Implanting ☐ or Scanning ☐ or Tattooing ☐

Veterinarian Practice# __________________________ (Tattoo or Microchip)

Street or R.D. No __________________________ P.A. Kennel License # __________________________

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 __________________________