

ADLEB - VOM/TE

Pennsylvania Bureau of Dog Law Enforcement

## PERMANENT IDENTIFICATION VERIFICATION FORM

	MICROCHIP			TATTOO			
or	BY PERSON IMPLANTIN	G OR SCANNING	MICROC	CHIP			
TATTOO #_ MUST BE COMPLETED	BY COUNTY TREASURE	$\overline{R}$ PRIOR TO TAT	TOOING				
DOG'S NAME							
DOG'S BREED	MO DAY YR	DOG'S SEX	MALE	NEUTERED MALE	FEMALE	SPAYED FEMALE	
DOG'S COLOR MARKINGS:	/ SPOTTED WHI	TE BLACK	BF	ROWN (	OTHER - IND	ICATE	
OWNER'S NAME		STR	EET or R	R.D. #			
CITY				STAT PA	E ZIP CODE		
TOWNSHIP/BOROUG	SH .	COUNTY			TELEPHONE	NUMBER	
MICROCHIP-IMPLAN SELECT ONE:		TATTOOING		NARIAN PRAC OO OR MICRO			
APPLIED BY: (NAME	OF PERSON)		BV				
STREET or R.D. #			I	PA KENNEL L	ICENSE # (M	IICROCHIP)	
COUNTY	CITY		STATE	ZIP CODE	TELEPH	ONE #	
	MENT SUBJECT TO TH WORN FALSIFICATION			OF 18 Pa § S	ECTION 490	4	
SIGNATURE OF PER	SON IMPLANTING/SCA	ANNING MICRO	CHIP/TA	TTOOING		DATE	
SIGNATURE OF DOO	G OWNER					DATE	

FORM MUST BE RETURNED TO COUNTY TREASURER WITHIN 30 DAYS OF RECEIPT

