



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 _____
 DOG'S BREED _____ DOG'S AGE _____ DOG'S SEX MALE FEMALE

DOG'S COLOR/MARKINGS SPOTTED WHITE BLACK BROWN OTHER—INDICATE _____

OWNER'S NAME	STREET
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CITY	STATE PA	ZIP	TELEPHONE NO.
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TOWNSHIP	COUNTY
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NAME OF PERSON <small>circle one MICROCHIP-IMPLANTING or SCANNING or TATTOOING</small>	VETERINARIAN PRACTICE # <small>(TATTOO or MICROCHIP)</small> BV
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STREET	PA KENNEL LICENSE # <small>(MICROCHIP)</small>
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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. § SECTION 4904 (RELATING TO UNSWORN FALSIFICATION TO AUTHORITIES).

 SIGNATURE OF PERSON IMPLANTING/SCANNING MICROCHIP/TATTOOING DATE

 SIGNATURE OF DOG OWNER DATE