


**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 _____ MALE FEMALE

 DOG'S BREED _____ DOG'S AGE _____ DOG'S SEX

 SPOTTED WHITE BLACK BROWN OTHER-INDICATE

 DOG'S COLOR/MARKINGS _____

OWNER'S NAME _____ STREET _____

 CITY _____ STATE **PA** ZIP _____ TELEPHONE NO. _____

TOWNSHIP _____ COUNTY _____

 NAME OF PERSON circle one MICROCHIP-IMPLANTING or SCANNING or TATTOOING _____ VETERINARIAN PRACTICE # (TATTOO or MICROCHIP)
BV

STREET _____ PA KENNEL LICENSE # (MICROCHIP) _____

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 _____