Print Form

ADLEB - VOM/TF

Pennsylvania Bureau of Dog Law Enforcement

PERMANENT IDENTIFICATION VERIFICATION FORM

MICROCHIP TATTOO

MICROCHIP #_____
MUST BE COMPLETED BY PERSON IMPLANTING OR SCANNING MICROCHIP

or

TATTOO #_____
MUST BE COMPLETED BY COUNTY TREASURER PRIOR TO TATTOOING

DOG'S NAME

DOG'S BREED	DOG'S DOB			DOG'S SEX			
	MO	DAY	YR	MALE	NEUTERED MALE	FEMALE	SPAYED FEMALE
				☐	☐	☐	☐

DOG'S COLOR/ MARKINGS: SPOTTED ☐ WHITE ☐ BLACK ☐ BROWN ☐ OTHER - INDICATE ☐

OWNER'S NAME	STREET or R.D. #

CITY	STATE	ZIP CODE
	PA	

TOWNSHIP/BOROUGH	COUNTY	TELEPHONE NUMBER

MICROCHIP-IMPLANTING ☐ SCANNING ☐ TATTOOING ☐
SELECT ONE:

VETERINARIAN PRACTICE # (TATTOO OR MICROCHIP)

APPLIED BY: (**NAME OF PERSON**)

BV

STREET or R.D. #	PA KENNEL LICENSE # (MICROCHIP)

COUNTY	CITY	STATE	ZIP CODE	TELEPHONE #

I MAKE THIS STATEMENT SUBJECT TO THE CRIMINAL PENALTIES OF 18 Pa § 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.