ADLEB – VOM/TF (Rev. 10/2023)

BUREAU OF DOG LAW ENFORCEMENT
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 _____ MALE ☐ FEMALE ☐

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

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

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