

PA Department of Agriculture, Bureau of Dog Law Enforcement

LIFETIME DOG LICENSE APPLICATION

Year of license _____

A Permanent Identification Verification Form must be completed before the license will be issued.

DOG OWNER'S NAME		OWNER'S BIRTHDATE		PHONE NUMBER	
		MO.	DAY	YR.	
STREET ADDRESS			TOWNSHIP/BOROUGH		
CITY			STATE	ZIP CODE	
			PA		

DATE	BREED	DOG'S AGE	DOG'S NAME

COLOR / MARKINGS	SPOTTED	WHITE	BLACK	BROWN	OTHER-INDICATE
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

REGULAR LIFETIME LICENSE				PERSON WITH DISABILITY OR SENIOR CITIZEN FEE			
MALE	NEUTERED MALE	FEMALE	SPAYED FEMALE	MALE	NEUTERED MALE	FEMALE	SPAYED FEMALE
\$51.50	\$31.50	\$51.50	\$31.50	\$31.50	\$21.50	\$31.50	\$21.50
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ALL PRICES INCLUDE SERVICE FEES ALLOWED BY LAW				ALL PRICES INCLUDE SERVICE FEES ALLOWED BY LAW			

PLEASE NOTE: If you are applying for a lifetime license that requires the dog owner be a senior citizen (age 65 or older) or a person with disability, you must provide proof of age or disability to the **County Treasurer**.

I HEREBY VERIFY THAT I AM THE OWNER OF THE DOG THAT IS THE SUBJECT OF THIS DOG LICENSE APPLICATION. I MAKE THIS STATEMENT SUBJECT TO THE CRIMINAL PENALTIES OF 18 Pa § SECTION 4904 (RELATING TO UNSWORN FALSIFICATION TO AUTHORITIES).

SIGNATURE OF DOG OWNER/APPLICANT REQUIRED

IF APPLICANT IS A MINOR, SIGNATURE OF PARENT OR GUARDIAN IS REQUIRED

MAIL TO COUNTY TREASURER'S OFFICE

ADLEB - VOM/TF (Rev. 8/2012)



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 _____ DOB _____ DOG'S SEX MALE NEUTERED MALE FEMALE SPAYED FEMALE

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

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.