

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.	
E-MAIL ADDRESS				
STREET ADDRESS			TOWNSHIP/BOROUGH	
CITY			STATE PA	ZIP CODE

DATE	BREED	DOG'S AGE	DOG'S NAME		
COLOR / MARKINGS	SPOTTED <input type="checkbox"/>	WHITE <input type="checkbox"/>	BLACK <input type="checkbox"/>	BROWN <input type="checkbox"/>	OTHER-INDICATE <input type="checkbox"/>
REGULAR LIFETIME LICENSE MALE \$52.70 <input type="checkbox"/> ALL PRICES INCLUDE SERVICE FEES ALLOWED BY LAW			PERSON WITH DISABILITY OR SENIOR CITIZEN FEE MALE \$36.70 <input type="checkbox"/> 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**



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

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

OWNER'S NAME		STREET		
CITY		STATE	ZIP	TELEPHONE NO.
		PA		
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.
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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