

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	
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				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

PENNSYLVANIA BUREAU OF DOG LAW ENFORCEMENT
PERMANENT IDENTIFICATION VERIFICATION FORM

 MICROCHIP

 TATTOO

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 OR R.D. NO. _____

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 OR R.D. NO _____ 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