

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"/>				

<b>REGULAR LIFETIME LICENSE</b>				<b>PERSON WITH DISABILITY OR SENIOR CITIZEN FEE</b>			
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 _____		DOG'S SEX _____	
		DOB _____		NEUTERED MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> SPAYED FEMALE <input type="checkbox"/>	
DOG'S COLOR/MARKINGS _____		SPOTTED <input type="checkbox"/> WHITE <input type="checkbox"/> BLACK <input type="checkbox"/> BROWN <input type="checkbox"/> OTHER - INDICATE <input type="checkbox"/>			
OWNER'S NAME _____		STREET OR R.D. NO. _____			
CITY _____		STATE	ZIP	TELEPHONE NO.	
		PA			
TOWNSHIP _____		COUNTY _____			
NAME OF PERSON <u>circle one</u> 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					