

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		ZIP CODE		
		PA			

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 \$52.70 <input type="checkbox"/>		FEMALE \$52.70 <input type="checkbox"/>		MALE \$36.70 <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



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					
DOG'S NAME _____		DOG'S BREED _____		DOG'S AGE _____	
				DOG'S SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
DOG'S COLOR/MARKINGS <input type="checkbox"/> SPOTTED <input type="checkbox"/> WHITE <input type="checkbox"/> BLACK <input type="checkbox"/> BROWN <input type="checkbox"/> OTHER-INDICATE <input type="checkbox"/>		OWNER'S NAME _____			
CITY _____	STATE PA		ZIP _____	TELEPHONE NO. _____	
TOWNSHIP _____	COUNTY _____				
NAME OF PERSON <small>IMPLANTING or MICROCHIP IMPLANTING or SCANNING or TATTOOING</small>			VETERINARIAN PRACTICE # 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 _____	