ADLEB 19 rev. 9/2025

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 MO.	DAY	YR.	PHONE NUMBER

E-MAIL ADDRESS

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 ☐

REGULAR LIFETIME LICENSE		PERSON WITH DISABILITY OR SENIOR CITIZEN FEE	
MALE	FEMALE	MALE	FEMALE
$52.80	**$52.80**	**$36.80**	**$36.80**
☐	☐	☐	☐
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

MAKE CHECKS PAYABLE TO COUNTY TREASURER
MAIL TO COUNTY TREASURER'S OFFICE

ADLEB 14-18 rev. 9/2025

PA Department of Agriculture, Bureau of Dog Law Enforcement

DOG LICENSE APPLICATION

Year of license _____ License # _____

DATE	DOG'S NAME	DOG'S AGE	BREED

COLOR OF DOG: SPOTTED ☐ WHITE ☐ BLACK ☐ BROWN ☐ OTHER-INDICATE ☐

If the license is issued by an agent rather than the COUNTY TREASURER, an additional 50¢ will be charged.
ALL PRICES INCLUDE SERVICE FEES ALLOWED BY LAW.

REGULAR FEE		PERSON WITH DISABILITY OR SENIOR CITIZEN FEE	
MALE	FEMALE	MALE	FEMALE
$10.80	**$10.80**	**$8.80**	**$8.80**
☐	☐	☐	☐

PLEASE NOTE: IF YOU ARE APPLYING FOR A 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** OR **AGENT.**

OWNER'S NAME	TELEPHONE NO.	OWNER'S DATE OF BIRTH MO.	DAY	YR.

STREET | TOWNSHIP/BOROUGH

CITY	STATE	ZIP CODE
	PA	

E-MAIL ADDRESS

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MAIL TO COUNTY TREASURER'S OFFICE