

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 <b>PA</b>	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"/>	

<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
<b>\$51.45</b>	<b>\$31.45</b>	<b>\$51.45</b>	<b>\$31.45</b>	<b>\$31.45</b>	<b>\$21.45</b>	<b>\$31.45</b>	<b>\$21.45</b>
<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 \_\_\_\_\_ NEUTERED MALE  SPAYED FEMALE   
 DOG'S BREED \_\_\_\_\_ DOB \_\_\_\_\_ DOG'S SEX MALE  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