

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			
	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; padding: 2px;">MO.</td> <td style="width:33%; padding: 2px;">DAY</td> <td style="width:33%; padding: 2px;">YR.</td> </tr> </table>	MO.	DAY	YR.	
MO.	DAY	YR.			
E-MAIL ADDRESS					
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"/>	

<p style="text-align: center;">REGULAR LIFETIME LICENSE</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center;"> MALE \$52.70 <input type="checkbox"/> </td> <td style="width:50%; text-align: center;"> FEMALE \$52.70 <input type="checkbox"/> </td> </tr> </table> <p style="text-align: center; font-size: small;">ALL PRICES INCLUDE SERVICE FEES ALLOWED BY LAW</p>	MALE \$52.70 <input type="checkbox"/>	FEMALE \$52.70 <input type="checkbox"/>	<p style="text-align: center;">PERSON WITH DISABILITY OR SENIOR CITIZEN FEE</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center;"> MALE \$36.70 <input type="checkbox"/> </td> <td style="width:50%; text-align: center;"> FEMALE \$36.70 <input type="checkbox"/> </td> </tr> </table> <p style="text-align: center; font-size: small;">ALL PRICES INCLUDE SERVICE FEES ALLOWED BY LAW</p>	MALE \$36.70 <input type="checkbox"/>	FEMALE \$36.70 <input type="checkbox"/>
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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 MUST BE COMPLETED BY COUNTY TREASURER PRIOR TO TATTOOING

DOG'S NAME _____ MALE FEMALE

DOG'S BREED _____ DOG'S AGE _____ DOG'S SEX

SPOTTED WHITE BLACK BROWN OTHER—INDICATE
 DOG'S COLOR/MARKINGS _____

OWNER'S NAME

STREET

CITY

STATE

ZIP

TELEPHONE NO.

PA

TOWNSHIP

COUNTY

NAME OF PERSON circle one MICROCHIP-IMPLANTING or SCANNING or TATTOOING

VETERINARIAN PRACTICE # (TATTOO or MICROCHIP)

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