

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 <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>  MALE <b>\$52.80</b> <input type="checkbox"/>  FEMALE <b>\$52.80</b> <input type="checkbox"/>  ALL PRICES INCLUDE SERVICE FEES ALLOWED BY LAW			<b>PERSON WITH DISABILITY OR SENIOR CITIZEN FEE</b>  MALE <b>\$36.80</b> <input type="checkbox"/>  FEMALE <b>\$36.80</b> <input type="checkbox"/>  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 <b>County Treasurer</b> .					

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



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