

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>\$51.50</b>	<b>\$31.50</b>	<b>\$51.50</b>	<b>\$31.50</b>	<b>\$31.50</b>	<b>\$21.50</b>	<b>\$31.50</b>	<b>\$21.50</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).

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**SIGNATURE OF DOG OWNER/APPLICANT REQUIRED**

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**IF APPLICANT IS A MINOR, SIGNATURE OF PARENT OR GUARDIAN IS REQUIRED**

MAIL TO COUNTY TREASURER'S OFFICE

ADLEB – VOM/TF



DOG LAW ENFORCEMENT OFFICE  
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 \_\_\_\_\_  
NEUTERED MALE MALE SPAYED FEMALE FEMALE  
DOG'S BREED \_\_\_\_\_ DOB \_\_\_\_\_ DOG'S SEX

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

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

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.