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 – VOM/TF (Rev. 10/2023)

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

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

OWNER'S NAME	STREET		
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	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