

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 PA	ZIP CODE	

DATE	BREED	DOG'S AGE	DOG'S NAME		
COLOR / MARKINGS	SPOTTED	WHITE	BLACK	BROWN	OTHER-INDICATE
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>


REGULAR LIFETIME LICENSE		PERSON WITH DISABILITY OR SENIOR CITIZEN FEE	
MALE	FEMALE	MALE	FEMALE
\$52.70	\$52.70	\$36.70	\$36.70
<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**

ADLEB - VOM/TF (Rev. 10/2023)		BUREAU OF DOG LAW ENFORCEMENT PENNSYLVANIA DEPARTMENT OF AGRICULTURE	
		PERMANENT IDENTIFICATION VERIFICATION FORM	
MICROCHIP # _____ or TATTOO # _____		<small>MUST BE COMPLETED BY PERSON IMPLANTING OR SCANNING MICROCHIP</small> <small>MUST BE COMPLETED BY COUNTY TREASURER PRIOR TO TATTOOING</small>	
DOG'S NAME _____		MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>	
DOG'S BREED _____		DOG'S AGE _____ DOG'S SEX <input type="checkbox"/> <input type="checkbox"/>	
DOG'S COLOR/MARKINGS <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		SPOTTED WHITE BLACK BROWN OTHER-INDICATE	
OWNER'S NAME _____		STREET _____	
CITY _____		STATE PA	ZIP _____ TELEPHONE NO. _____
TOWNSHIP _____		COUNTY _____	
NAME OF PERSON <small>circle one</small> 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	