

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	ZIP CODE	
			PA		

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
\$52.80	\$52.80	\$36.80	\$36.80
<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

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 # _____			
<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		FEMALE	
DOG'S BREED _____		DOG'S AGE _____		DOG'S SEX <input type="checkbox"/> <input type="checkbox"/>	
DOG'S COLOR/MARKINGS		SPOTTED	WHITE	BLACK	BROWN OTHER-INDICATE
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OWNER'S NAME			STREET		
CITY		STATE	ZIP	TELEPHONE NO.	
PA					
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		

Mail completed forms to:
 Dauphin County Treasurer
 Dog Licensing
 101 Market Street, Room 105
 Harrisburg, PA 17101