

PA Department of Agriculture, Bureau of Dog Law Enforcement

DOG LICENSE LIFETIME & VERIFICATION FORM

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 <input type="checkbox"/>	WHITE <input type="checkbox"/>	BLACK <input type="checkbox"/>	BROWN <input type="checkbox"/>	OTHER-INDICATE <input type="checkbox"/>
REGULAR LIFETIME LICENSE MALE \$52.70 <input type="checkbox"/> FEMALE \$52.70 <input type="checkbox"/> ALL PRICES INCLUDE SERVICE FEES ALLOWED BY LAW			PERSON WITH DISABILITY OR SENIOR CITIZEN FEE MALE \$36.70 <input type="checkbox"/> FEMALE \$36.70 <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 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



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 _____

DOG'S BREED _____ DOG'S AGE _____ DOG'S SEX _____

MALE FEMALE

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