



BUREAU OF DOG LAW ENFORCEMENT  
PENNSYLVANIA DEPARTMENT OF AGRICULTURE  
**PERMANENT IDENTIFICATION  
VERIFICATION FORM**

MICROCHIP # <input type="text"/> <small>MUST BE COMPLETED BY PERSON IMPLANTING OR SCANNING MICROCHIP</small>		OR TATTOO # <input type="text"/> <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"/>			
SPOTTED <input type="checkbox"/> WHITE <input type="checkbox"/> BLACK <input type="checkbox"/> BROWN <input type="checkbox"/> OTHER-INDICATE <input type="checkbox"/>						
DOG'S COLOR/MARKINGS <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>						
OWNER'S NAME _____		STREET _____				
CITY _____		STATE <input type="text" value="PA"/>	ZIP <input type="text"/>	TELEPHONE NO. _____		
TOWNSHIP _____		COUNTY _____				
NAME OF PERSON <small>PERFORMING MICROCHIP/IMPLANTING OR SCANNING OR TATTOOING</small>		VETERINARIAN PRACTICE # (TATTOO OR MICROCHIP) <b>BV</b>				
STREET _____		PA KENNEL LICENSE # (MICROCHIP) _____				
COUNTY <input type="text"/>	CITY <input type="text"/>	STATE <input type="text"/>	ZIP <input type="text"/>	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 _____				

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. <input type="text"/> DAY <input type="text"/> YR. <input type="text"/>			
E-MAIL ADDRESS _____					
STREET ADDRESS _____		TOWNSHIP/BOROUGH _____			
CITY _____		STATE <input type="text" value="PA"/>	ZIP CODE <input type="text"/>		
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			PERSON WITH DISABILITY OR SENIOR CITIZEN FEE		
MALE <input type="checkbox"/>	FEMALE <input type="checkbox"/>	MALE <input type="checkbox"/>	FEMALE <input type="checkbox"/>		
\$52.80 <input type="checkbox"/>	\$52.80 <input type="checkbox"/>	\$36.80 <input type="checkbox"/>	\$36.80 <input type="checkbox"/>	ALL PRICES INCLUDE SERVICE FEES ALLOWED BY LAW	
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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. C.S. § 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