

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	
E-MAIL ADDRESS				
STREET ADDRESS			TOWNSHIP/BOROUGH	
CITY			STATE <b>PA</b>	ZIP CODE

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"/>

<b>REGULAR LIFETIME LICENSE</b>		<b>PERSON WITH DISABILITY OR SENIOR CITIZEN FEE</b>	
MALE	FEMALE	MALE	FEMALE
<b>\$52.70</b>	<b>\$52.70</b>	<b>\$36.70</b>	<b>\$36.70</b>
<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 # \_\_\_\_\_  
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

SPOTTED WHITE BLACK BROWN OTHER-INDICATE  
DOG'S COLOR/MARKINGS

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