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 issue
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DOG OWNER'S NAME			MO.	OWNER'S BIRTHDATE PHONE NUMBER MO. DAY YR.						
E-MAIL ADDRESS										
STREET ADDRESS TOWNSHIP/BOROUGH										
CITY		-		PA	ZIP CODE					
DATE	BREED	DC	OG'S AGE	G'S AGE DOG'S NAME						
COLOR / MARKINGS	SPOTTED V	WHITE	BLACK	LACK BROWN OTHER-INDICATE						
REGULAR LIFETIME LICENSE PERSON WITH DISABILITY OR SENIOR CITIZEN FEE										
MALE	FEMALE			MAL	E		FEMALE			
\$52.80	\$52.80 \$52.80			\$36.	80		\$36.80			
ALL PRICES INCLUDE SERVICE FEES ALLOWED BY LAW ALLOWED BY LAW 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 <b>County Treasurer</b> .										
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

PA Department of Agriculture, Bureau of Dog Law Enforcement

## DOG LICENSE APPLICATION

Year of license							License #				
DATE	DOG'S NAME				DOG'S AGE B			BREED			
COLOR OF DOG:	SPOTTED	WHITE	BL/	ACK	BROWN	C	THER	R-INDICA	TE		
If the license is i		ent rather than ICES INCLUDE						0¢ will be	charged.		
REGULAR FEE PER					RSON WITH DISABILITY OR SENIOR CITIZEN FEE						
MALE		FEMALE			MALE			FEMALE	Bully Bully and the second sec		
\$10.80	\$10.80				\$8.80			\$8.80			
								D			
PLEASE NOTE: A SENIOR CITIZ PROOF OF AGE	ZEN, AGE 65 C	R OLDER, O	RAPE	RSON V	MITH DISAB	ILITY,	YOU !				
OWNER'S NAME TELEPHONE NO. OWNER'S DATE OF BIRTH									F BIRTH		
							MO.	DAY	YR.		
STREET					TOWNSHIP	BORO	UGH				
CITY					STATE		ZIP CODE				
					F	Ά					
E-MAIL ADDRESS											
									_		
I HEREBY VERIFY APPLICATION. I M (RELATING TO UN	AKE THIS STATE	EMENT SUBJE	CT TO	THE CRIM							
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