

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.		
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"/>																																		
<p align="center"><b>REGULAR LIFETIME LICENSE</b></p> <table style="width:100%; border: none;"> <tr> <td style="width:25%;"></td> <td style="width:25%; text-align: center;">NEUTERED</td> <td style="width:25%;"></td> <td style="width:25%; text-align: center;">SPAYED</td> </tr> <tr> <td style="text-align: center;">MALE</td> <td style="text-align: center;">MALE</td> <td style="text-align: center;">FEMALE</td> <td style="text-align: center;">FEMALE</td> </tr> <tr> <td style="text-align: center;"><b>\$51.50</b></td> <td style="text-align: center;"><b>\$31.50</b></td> <td style="text-align: center;"><b>\$51.50</b></td> <td style="text-align: center;"><b>\$31.50</b></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> <p align="center">ALL PRICES INCLUDE SERVICE FEES ALLOWED BY LAW</p>					NEUTERED		SPAYED	MALE	MALE	FEMALE	FEMALE	<b>\$51.50</b>	<b>\$31.50</b>	<b>\$51.50</b>	<b>\$31.50</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p align="center"><b>PERSON WITH DISABILITY OR SENIOR CITIZEN FEE</b></p> <table style="width:100%; border: none;"> <tr> <td style="width:25%;"></td> <td style="width:25%; text-align: center;">NEUTERED</td> <td style="width:25%;"></td> <td style="width:25%; text-align: center;">SPAYED</td> </tr> <tr> <td style="text-align: center;">MALE</td> <td style="text-align: center;">MALE</td> <td style="text-align: center;">FEMALE</td> <td style="text-align: center;">FEMALE</td> </tr> <tr> <td style="text-align: center;"><b>\$31.50</b></td> <td style="text-align: center;"><b>\$21.50</b></td> <td style="text-align: center;"><b>\$31.50</b></td> <td style="text-align: center;"><b>\$21.50</b></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> <p align="center">ALL PRICES INCLUDE SERVICE FEES ALLOWED BY LAW</p>					NEUTERED		SPAYED	MALE	MALE	FEMALE	FEMALE	<b>\$31.50</b>	<b>\$21.50</b>	<b>\$31.50</b>	<b>\$21.50</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<p>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>.</p>																																							

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

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

 **MICROCHIP**
 **TATTOO**

**MICROCHIP #** \_\_\_\_\_ **or TATTOO #** \_\_\_\_\_  
MUST BE COMPLETED BY PERSON IMPLANTING OR SCANNING MICROCHIP      MUST BE COMPLETED BY COUNTY TREASURER PRIOR TO TATTOOING

**DOG'S NAME** \_\_\_\_\_ **NEUTERED** **SPAYED**  
**DOG'S BREED** \_\_\_\_\_ **DOB** \_\_\_\_\_ **DOG'S SEX**  **MALE**  **MALE**  **FEMALE**  **FEMALE**

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

**OWNER'S NAME** \_\_\_\_\_ **STREET OR R.D. NO.** \_\_\_\_\_

**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 OR R.D. NO** \_\_\_\_\_ **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**

**FORM MUST BE RETURNED TO COUNTY TREASURER WITHIN 30 DAYS OF RECEIPT** \_\_\_\_\_

Form is **VOID** if not returned to Treasurer on or before date listed