



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 <b>PA</b>	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

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.
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"/>	

**REGULAR LIFETIME LICENSE**

MALE  FEMALE   
**\$52.70**      **\$52.70**

ALL PRICES INCLUDE SERVICE FEES  
ALLOWED BY LAW

**PERSON WITH DISABILITY  
OR SENIOR CITIZEN FEE**

MALE  FEMALE   
**\$36.70**      **\$36.70**

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