



BUREAU OF DOG LAW ENFORCEMENT
PENNSYLVANIA DEPARTMENT OF AGRICULTURE

**PERMANENT IDENTIFICATION
VERIFICATION FORM**

MICROCHIP # _____ MUST BE COMPLETED BY PERSON IMPLANTING OR SCANNING MICROCHIP		or TATTOO # _____ MUST BE COMPLETED BY COUNTY TREASURER PRIOR TO TATTOOING		
DOG'S NAME _____				
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"/>		STREET		
CITY		STATE PA	ZIP	
TOWNSHIP		COUNTY		
NAME OF PERSON <small>circle one</small> 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				

PA Department of Agriculture, Bureau of Dog Law Enforcement

LIFETIME DOG LICENSE APPLICATION

Year of license _____

DOG OWNER'S NAME		OWNER'S BIRTHDATE			PHONE NUMBER	
		MO.	DAY	YR.		
E-MAIL ADDRESS						
STREET ADDRESS			TOWNSHIP/BOROUGH			
CITY					STATE	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				PERSON WITH DISABILITY OR SENIOR CITIZEN FEE		
MALE		FEMALE		MALE		FEMALE
\$52.80		\$52.80		\$36.80		\$36.80
<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		

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**