



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)

STREET _____ **BV**

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
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CITY	STATE PA	ZIP CODE
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DATE	BREED	DOG'S AGE	DOG'S NAME
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COLOR / MARKINGS	SPOTTED <input type="checkbox"/>	WHITE <input type="checkbox"/>	BLACK <input type="checkbox"/>	BROWN <input type="checkbox"/>	OTHER-INDICATE <input type="checkbox"/>
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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	

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

MAKE CHECKS PAYABLE TO COUNTY TREASURER
MAIL TO COUNTY TREASURER'S OFFICE