

PLEASE FILL OUT BOTH FORMS BELOW AND RETURN BOTH FORMS FOR A LIFETIME DOG LICENSE!!

ADLEB - VOM/TF (Rev. 10/2023)



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

MICROCHIP # _____ or TATTOO # _____
MUST BE COMPLETED BY PERSON OR SCANNING MICROCHIP MUST BE COMPLETED BY COUNTY TREASURER PRIOR TO

DOG'S NAME _____

DOG'S BREED _____ DOG'S AGE _____ DOG'S SEX MALE FEMALE

DOG'S COLOR/MARKINGS [3] SPOTTED WHITE BLACK BROWN OTHER-INDICATE

OWNERS NAME _____ STREET _____

CITY _____ STATE **PA** 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. S SECTION 4904 (RELATING TO UNSWORN FALSIFICATION TO AUTHORITIES).

SIGNATURE OF PERSON IMPLANTING/SCANNING MICROCHIP/TATTOOING DATE

SIGNATURE OF DOG OWNER DATE

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	ZIP CODE
			PA	
DATE	BREED	DOG'S AGE	DOG'S NAME	
COLOR / SPOTTED WHITE BLACK BROWN OTHER-INDICATE MARKINGS				
REGULAR LIFETIME LICENSE			PERSON WITH DISABILITY OR SENIOR CITIZEN FEE	
MALE	FEMALE		MALE	FEMALE
\$52.70	\$52.70		\$36.70	\$36.70
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 S 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