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** _or TATTOO # __ MUST BE COMPLETED BY COUNTY TREASURER PRIOR TO DOG'S NAME MALE FEMALE DOG'S BREED DOG'S AGE DOG'S SEX SPOTTED WHITE BLACK BROWN OTHER-INDICATE DOG'S COLOR/MARKINGS [3 STREET **OWNERS NAME** STATE TELEPHONE NO. CITY PA **TOWNSHIP** COUNTY VETERINARIAN PRACTICE # (TATTOO or MICROCHIP) $NAME\ OF\ PERSON\ {\it circle one MICROCHIP-IMPLANTING or SCANNING or TATTOOING}$ BV PA KENNEL LICENSE # (MICROCHIP) **STREET** TELEPHONE NO. COUNTY CITY STATE ZIP 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

ADLEB 19 rev. 10/2023

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	PHONE NUMBER	
					MO.	DAY	YR.			
E-MAIL ADDRESS										
STREET ADDRESS						TOWNSHIP/BOROUGH				
5										
CITY							STATE		ZIP CODE	
								PA		
DATE		DDEED		DOC!			DOC!			
DATE BREED D				DOGS	G'S AGE DC			OG'S NAME		
COLOR / SPOTTED WHITE BLACK					BROWN OTHER-INDICATE					
MARKINGS	5									
DECLUAD LIFETIME LICENICS						DEDCON WITH DICABILITY OF				
REGULAR LIFETIME LICENSE						PERSON WITH DISABILITY OR SENIOR CITIZEN FEE				
NEUTERED SPAYED					NEUTERED SPAYED					
MALE	MALE		FEMALE		MA	\LE	MALE			
4-4-0	404 =	. 4	404 -0		424	70	404 7	0 404 -	70 404 70	
\$51.70	\$31.70) \$51.70	\$31.70		\$31.	/0 5	\$21./	0 \$31.7	70 \$21.70	
ALL PRICES INCLUDE SERVICE FEES						ALL PRICES INCLUDE SERVICE FEES				
ALLOWED BY LAW						ALLOWED BY LAW				
									zen (age 65 or older) or a	
person wit	h disability.	vou must provide	proof of age	or disabi	ility to t	he Count	v Treas	urer.		

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

NOTICE: This form EXPIRES on January 31.2024 arc* will no longer be honored. New fees will take effect February 1.2024.