| BUREAU OF DOG LAW ENFORCEMENT PENNSYLVANIA DEPARTMENT OF AGRICULTURE  PERMANENT IDENTIFICATION VERIFICATION FORM        |   |   |                                 |              |   |  |  |  |  |
|---|---|---|---------------------------------|--------------|---|--|--|--|--|
| MICROCHIP#MUST BE COMPLETED BY  | PERSON IMPLANTING OR SCANNING MICROCHIP             | or TA                                   | ттоо                            |              | ED BY COUNTY TREASURER PRIOR TO TATTOCING |  |  |  |  |
| DOG'S NAME  |   |   |                                 |              | MALE FEMALE                               |  |  |  |  |
| DOG'S BREED   | DOG'S AGE   |   | DOG'S SEX                       |              |   |  |  |  |  |
| DOG'S COLOR/MARKINGS  | SPOTTED WHITE BLA                                   | )<br>]                                  | BROW                            | N OTHER-     | INDICATE                                  |  |  |  |  |
| OWNER'S NAME  |   | ST                                      | REET                            |              |   |  |  |  |  |
| CITY  |   | ·                                       | AYA                             | ZIP          | TELEPHONE NO.                             |  |  |  |  |
| TOWNSHIP  |   | C                                       | TNUC                            | Y            |   |  |  |  |  |
| NAME OF PERSON GIRDOUR MICROCHIP-IMPLANTING OF SCANNING OF TATTOOING  VETERINARIAN PRACTICE # (TATTOO OF MICROCHIP)  BV |   |   |                                 |              |   |  |  |  |  |
| STREET  |   | *************************************** | PA KENNEL LICENSE # (MICROCHIP) |              |   |  |  |  |  |
| COUNTY  | CITY  | S                                       | TATE                            | ZIP          | TELEPHONE NO.                             |  |  |  |  |
| 18 Pa. C.S. § SECT  | THIS STATEMENT SUBJECT<br>TION 4904 (RELATING TO UN | ISWOF                                   | RN FAL                          | SIFICATION 1 | O AUTHORITIES).                           |  |  |  |  |
| SIGNATURE OF DOG OW   | JFR   |   |                                 | DA           | TC  |  |  |  |  |

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 BIRTHDA       |           |      |                | PHONE NUMBER |       |        |          |  |
|  |                          |       |                  | MO.              | DAY                   | YF        | 1.   |                |              |       |        |          |  |
|  |                          |       |                  |                  |                       |           |      |                |              |       |        |          |  |
| E-MAIL ADDRESS   |                          |       |                  |                  |                       |           |      |                |              |       |        |          |  |
|  |                          |       |                  |                  |                       |           |      |                |              |       |        |          |  |
|  |                          |       |                  |                  |                       |           |      |                |              |       |        |          |  |
| STREET ADDRESS TOWNSHIP/BOROUGH  |                          |       |                  |                  |                       |           |      |                |              |       |        |          |  |
|  |                          |       |                  |                  |                       |           |      |                |              |       |        |          |  |
| CITY   |                          |       |                  |                  |                       | STATE ZII |      |                |              |       | ZIP CC | ZIP CODE |  |
|  |                          |       |                  |                  |                       |           |      |                | F            | Α     |        |          |  |
| I FA   |                          |       |                  |                  |                       |           |      |                |              |       |        |          |  |
| DATE   |                          | BREED |                  |                  | DOG'S                 | S AGE     |      | DOG            | 3'S N        | IAME  |        |          |  |
| DATE BREED DO  |                          |       | 500              | S AGE DOG S NAME |                       |           |      |                |              |       |        |          |  |
|  |                          |       |                  |                  |                       |           |      |                |              |       |        |          |  |
| COLOR / SPOTTED WHITE BLACK BROWN OTHER-INDICATE   |                          |       |                  |                  |                       |           |      |                |              |       |        |          |  |
| MARKINGS   |                          |       |                  |                  |                       |           |      |                |              |       |        |          |  |
| REGULAR LIFETIME LICENSE PERSON WITH DISABILITY  |                          |       |                  |                  |                       |           |      |                |              |       |        |          |  |
| REGULAR LIFETIME LICENSE   |                          |       |                  |                  | OR SENIOR CITIZEN FEE |           |      |                |              |       |        |          |  |
|  | NEUTERED SPAYED NEUTERED |       |                  |                  |                       |           |      | SPAYED         |              |       |        |          |  |
| MALE   | 3.74                     | ALE   | FEMALE           | FEMA             | -                     |           |      |                | MALE FEMALE  |       |        | FEMALE   |  |
| \$51.70  | \$3                      | 1.70  | \$51.70          | \$31.            | .70                   | \$3       | 1.70 | \$21.70        |              | 0 \$3 | 1.70   | \$21.70  |  |
|  | -                        |       | П                | Г                | 7                     | 7         |      | Ψ <b>2</b> σ ψ |              |       |        |          |  |
| ALL PRICES INCLUDE SERVICE FEES  ALL PRICES INCLUDE SERVICE FEES  ALL PRICES INCLUDE SERVICE FEES        |                          |       |                  |                  |                       |           |      |                | FES          |       |        |          |  |
| ALLOWED BY LAW  ALLOWED BY LAW  ALLOWED BY LAW   |                          |       |                  |                  |                       |           |      |                |              |       |        |          |  |
|  |                          |       | oplying for a li |                  |                       |           |      |                |              |       |        |          |  |
| older) or a person with disability, you must provide proof of age or disability to the County Treasurer. |                          |       |                  |                  |                       |           |      |                |              | er.   |        |          |  |
| 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

NOTICE: This form EXPIRES on January 31, 2024 and will no longer be honored.

New fees will take effect February 1, 2024.