

PA Department of Agriculture, Bureau of Dog Law Enforcement

DOG LICENSE APPLICATION

Year of license _____

License # _____

| | | | | | |
|---|----------------------------------|--------------------------------|--|--------------------------------|---|
| DATE | DOG'S NAME | DOG'S AGE | BREED | | |
| COLOR OF DOG: | SPOTTED <input type="checkbox"/> | WHITE <input type="checkbox"/> | BLACK <input type="checkbox"/> | BROWN <input type="checkbox"/> | OTHER-INDICATE <input type="checkbox"/> |
| If the license is issued by an agent rather than the COUNTY TREASURER, an additional 50¢ will be charged. ALL PRICES INCLUDE SERVICE FEES ALLOWED BY LAW. | | | | | |
| REGULAR FEE | | | PERSON WITH DISABILITY OR SENIOR CITIZEN FEE | | |
| MALE | FEMALE | MALE | FEMALE | | |
| \$10.80 | \$10.80 | \$8.80 | \$8.80 | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| PLEASE NOTE: IF YOU ARE APPLYING FOR A 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 OR AGENT. | | | | | |
| OWNER'S NAME | | TELEPHONE NO. | OWNER'S DATE OF BIRTH | | |
| | | | MO. | DAY | YR. |
| STREET | | | TOWNSHIP/BOROUGH | | |
| CITY | | | STATE | ZIP CODE | |
| | | | PA | | |
| E-MAIL ADDRESS | | | | | |
| | | | | | |

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

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 | |
| CITY | | | STATE PA | 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 MALE FEMALE \$52.80 \$52.80 <input type="checkbox"/> <input type="checkbox"/> ALL PRICES INCLUDE SERVICE FEES ALLOWED BY LAW | | | PERSON WITH DISABILITY OR SENIOR CITIZEN FEE MALE FEMALE \$36.80 \$36.80 <input type="checkbox"/> <input type="checkbox"/> 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**



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 ZIP TELEPHONE NO.
PA

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. § SECTION 4904 (RELATING TO UNSWORN FALSIFICATION TO AUTHORITIES).

SIGNATURE OF PERSON IMPLANTING/SCANNING MICROCHIP/TATTOOING DATE

SIGNATURE OF DOG OWNER DATE