

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.		
STREET ADDRESS				TOWNSHIP/BOROUGH		
CITY				STATE <b>PA</b>	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"/>
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REGULAR LIFETIME LICENSE				PERSON WITH DISABILITY OR SENIOR CITIZEN FEE			
MALE	NEUTERED MALE	FEMALE	SPAYED FEMALE	MALE	NEUTERED MALE	FEMALE	SPAYED FEMALE
<b>\$51.50</b>	<b>\$31.50</b>	<b>\$51.50</b>	<b>\$31.50</b>	<b>\$31.50</b>	<b>\$21.50</b>	<b>\$31.50</b>	<b>\$21.50</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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



## DOG LAW ENFORCEMENT OFFICE 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 \_\_\_\_\_ DOG'S BREED \_\_\_\_\_ DOB \_\_\_\_\_ DOG'S SEX  MALE  FEMALE  NEUTERED MALE  SPAYED FEMALE

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

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) **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

**FORM MUST BE RETURNED TO COUNTY TREASURER WITHIN 30 DAYS OF VERIFICATION SIGNATURE DATE OF VETERINARIAN, ANIMAL RESCUE/KENNEL**

**For LIFETIME DOG LICENSE the BOLD BLACK BOXED AREAS on PERMANENT IDENTIFICATION VERIFICATION FORM must be completed by a VETERINARIAN PRACTICE or ANIMAL RESCUE/KENNEL, signed and dated by order of PA Dept of Agriculture, Bureau of Dog Law Enforcement. All other informaton on LIFETIME DOG LICENSE APPLICATION and VERIFICATION FORM is to be completed by OWNER, signed, dated and returned within 30 days to:  
 Monroe County Treasurers Office  
 One Quaker Plaza, Room 103  
 Stroudsburg, PA 18360**