

ADLEB-VOM/TF PENNSYLVANIA BUREAU OF DOG LAW ENFORCEMENT PERMANENT IDENTIFICATION VERIFICATION FORM <input type="checkbox"/> Microchip <input type="checkbox"/> Tattoo							
MICROCHIP # _____				or TATTOO # _____			
<small>MUST BE COMPLETED BY PERSON IMPLANTING OR SCANNING MICROCHIP</small>				<small>MUST BE COMPLETED BY COUNTY TREASURER PRIOR TO TATTOOING</small>			
DOG'S NAME _____		NUETERED MALE MALE FEMALE FEMALE		SPAYED FEMALE			
DOG'S BREED _____		DOB _____		DOG'S SEX		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
DOG'S COLORINGS/MARKINGS		SPOTTED		WHITE		BLACK	
		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
		BROWN		OTHER - INDICATE			
		<input type="checkbox"/>		<input type="checkbox"/>			
OWNER'S NAME		STREET OR R.D. N.O.					
CITY		STATE PA	ZIP	TELEPHONE NO.			
TOWNSHIP			COUNTY				
NAME OF PERSON MICROCHIPPING-IMPLANTING SCANNING OR TATTOOING			VETERINARIAN PRACTICE # (TATTOO OR MICROCHIP)				
STREET OR R.D. NO.			PA KENNEL LICENSE # (MICROCHIP)				
COUNTY		CITY		PA		TELEPHONE NO.	
<small>® MAKE THIS STATEMENT SUBJECT TO THE CRIMINAL PENALTIES OF 18 Pa. C.S. Section 4904 (RELATING TO UNSWORN FALSIFICATION OF AUTHORITIES.)</small>							
SIGNATURE OF PERSON IMPLANTING/SCANNING MICROCHIP/TATTOO				DATE			
SIGNATURE OF DOG OWNER				DATE			
<i>FORM MUST BE RETURNED TO COUNTY TREASURER WITHIN 30 DAYS OF RECEIPT</i>							

The Permanent Identification Verification Form must be completed by a veterinarian or licensed kennel. The form must be returned to the County Treasurer within 30 days of the date of signing along with the following:

1. The Lifetime Dog License Application completed by the dog owner
2. A check made payable to "Dauphin County Treasurer" for the appropriate amount
3. Proof of disability or senior status (age 65 or over), if applicable.

ADLEB 19 rev. 9/2014

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 PA	ZIP CODE		
DATE	BREED	DOG'S AGE	DOG'S NAME				
COLOR / MARKINGS	SPOTTED	WHITE	BLACK	BROWN	OTHER-INDICATE		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
REGULAR LIFETIME LICENSE				PERSON WITH DISABILITY OR SENIOR CITIZEN FEE			
MALE	NEUTERED MALE	FEMALE	SPAYED FEMALE	MALE	NEUTERED MALE	FEMALE	SPAYED FEMALE
\$51.50	\$31.50	\$51.50	\$31.50	\$31.50	\$21.50	\$31.50	\$21.50
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<small>ALL PRICES INCLUDE SERVICE FEES ALLOWED BY LAW</small>				<small>ALL PRICES INCLUDE SERVICE FEES ALLOWED BY LAW</small>			
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

MAIL TO COUNTY TREASURER'S OFFICE