

ADLEB-VOM/TF <b>PENNSYLVANIA BUREAU OF DOG LAW ENFORCEMENT</b> <b>PERMANENT IDENTIFICATION VERIFICATION FORM</b> <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 <b>PA</b>	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		<b>PA</b>		TELEPHONE NO.	
® MAKE THIS STATEMENT SUBJECT TO THE CRIMINAL PENALTIES OF 18 Pa. C.S. Section 4904 (RELATING TO UNSWORN FALSIFICATION OF AUTHORITIES.)							
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 <b>PA</b>	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"/>		
<b>REGULAR LIFETIME LICENSE</b>				<b>PERSON WITH DISABILITY OR SENIOR CITIZEN FEE</b>			
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			
<p><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.</small></p>							

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