

# 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			
	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; padding: 2px;">MO.</td> <td style="width:33%; padding: 2px;">DAY</td> <td style="width:33%; padding: 2px;">YR.</td> </tr> </table>	MO.	DAY	YR.	
MO.	DAY	YR.			
E-MAIL ADDRESS					
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"/>	

<p><b>REGULAR LIFETIME LICENSE</b></p> <table style="width:100%; margin-top: 20px;"> <tr> <td style="width:50%;">MALE</td> <td style="width:50%;">FEMALE</td> </tr> <tr> <td style="font-size: 1.2em;"><b>\$52.70</b></td> <td style="font-size: 1.2em;"><b>\$52.70</b></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	MALE	FEMALE	<b>\$52.70</b>	<b>\$52.70</b>	<input type="checkbox"/>	<input type="checkbox"/>	<p><b>PERSON WITH DISABILITY OR SENIOR CITIZEN FEE</b></p> <table style="width:100%; margin-top: 20px;"> <tr> <td style="width:50%;">MALE</td> <td style="width:50%;">FEMALE</td> </tr> <tr> <td style="font-size: 1.2em;"><b>\$36.70</b></td> <td style="font-size: 1.2em;"><b>\$36.70</b></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	MALE	FEMALE	<b>\$36.70</b>	<b>\$36.70</b>	<input type="checkbox"/>	<input type="checkbox"/>
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<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).

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**SIGNATURE OF DOG OWNER/APPLICANT REQUIRED**

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**IF APPLICANT IS A MINOR, SIGNATURE OF PARENT OR GUARDIAN IS REQUIRED**

MAIL TO COUNTY TREASURER'S OFFICE