


Lifetime Dog License Information

1. Your dog must either receive a **tattoo** or a **microchip**. If choosing to tattoo, our office will first assign the tattoo number. (This tattoo number will match the lifetime license number.)
2. A Permanent Identification Verification Form must be completed by the person who implants or scans the microchip or gives the tattoo. This form is available through our office or on the county website at tiogacountypa.us
Please make sure this form is signed by the Vet or Kennel who implanted or scanned microchip
3. Complete the lifetime license application. This form is available through our office or on the county website at tiogacountypa.us
4. The application, identification form, and payment (check or money order) can be mailed or brought into our office.

If you have any questions, please call our office at (570) 724-9213

ADLER - VOWTTE (Rev. 10/2023)

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 _____ DOG'S AGE _____ DOG'S SEX MALE FEMALE

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

OWNER'S NAME _____ STREET _____

CITY _____ STATE _____ ZIP _____ TELEPHONE NO. _____
PA

TOWNSHIP _____ COUNTY _____

NAME OF PERSON GRADING, MICROCHIP, IMPLANTING or SCANNING or TATTOOING _____ VETERINARIAN PRACTICE # (TATTOO or MICROCHIP) **BV**

STREET _____ PA KENNEL LICENSE # (MICROCHIP) _____

COUNTY	CITY	STATE	ZIP	TELEPHONE NO.
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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 _____

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	
E-MAIL ADDRESS			
STREET ADDRESS			
TOWNSHIP/BOROUGH			
CITY	STATE	ZIP CODE	
	PA		

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		PERSON WITH DISABILITY OR SENIOR CITIZEN FEE	
MALE	\$52.80	FEMALE	\$52.80
	<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

**MAKE CHECKS PAYABLE TO COUNTY TREASURER
MAIL TO COUNTY TREASURER'S OFFICE**