MICROCHIP# or TATTOO # MUST BE COMPLETED BY PERSON IMPLANTING OR SCANNING MICROCHIP MUST BE COMPLETED BY COUNTY TREASURER PRIOR TO 1									
ROST BE COMPLETE	ED BY PERSON IMPLANTING OR SCANN	ING-MICHOCHIE	MVS1	BE COMPLET	24/224/164/164/164	0000-0			
DOG'S NAME	tig Set jehannise taan, 21 jaar 12		**************************************	N	NUETERED SPA NALE MALE FEMALE FEMA				
DOG'S BREE	D DOB _		_ DOG	SSEX]			
DOG'S COLO	RINGS/MARKINGS SP	OTTED V	WHITE I	BLACK	BROWN OTHER - INDICAT	Έ			
OWNER'S NA	AME	STREET	OR R.D. N.O.						
CITY	STATE PA	ZIP	TELI	EPHONE NO.					
TOWNSHIP				COUNTY					
NAME OF PERSO	N MICROCHIPPING-IMPLANTING SCAN	NING OR TATTOO	ING VE	TERINAR	RIAN PRACTICE # (TATTOO OR MICRO)	CHP)			
STREET OR R.D. NO.				PA KENNEL LICENSE # (MICROCHIP)					
COUNTY	CITY			PA	TELEPHONE NO.				
	II MARE THIS ST 18 Pa. C.S. Section 4904	ATEMENT SUBJE	ECT TO THE C	RMINAL PEN SETICATION (IALTIES OF OF AUTHORITIES.)				
SIGNATURE OF PERSON IMPLANTING/SCANNING MICROCHI				IP/TATTOO DATE					

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 BIRTHDAT			TE PHONE NUMBER						
				MO.	DAY	YR.							
STREET ADDRESS					TOWNSHIP/BOROUGH								
						Т.							
СПҮ						8	PA	ZIP CODE					
							FA						
DATE BREED DOG'S AGE						DOG	S NAME						
MARKINGS					ACK BROWN OTHER-INDICATE								
REGULAR LIFETIME LICENSE					PERSON WITH DISABILITY OR SENIOR CITIZEN FEE								
	TERED IALE	FEMALE	SPAYED FEMALE		ALE	NEUTE MAL		MALE	SPAYED FEMALE				
\$51.50 \$3	1.50	\$51.50	\$31.50	\$3	1.50	\$21 .	. 50 \$ 3	1.50	\$21.50				
ALL PRICES INCLUDE SERVICE FEES ALLOWED BY LAW						ALL PRICES INCLUDE SERVICE PEES 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 P. § SECTION 4904													
(RELATING TO UN	SWORN	TALSIFICATIO	N TO AUTH	ORMIES)	_								
SIGNATURE OF DOG OWNER/APPLICANT REQUIRED													

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

MAIL TO COUNTY TREASURER'S OFFICE