

County of York

Meredith L. Schreffler
Chief Deputy

Barbara G. Miller
Second Deputy

Jeffery Bellomo, ESQ
Solicitor

Barbara L. Bair
Treasurer



(717) 771-9603

Telephone

(717) 771-4331

Fax

www.YorkCountyPA.gov

Web Site

BLBair@YorkCountyPA.gov

E-mail

LIFETIME DOG LICENSE – INFORMATION SHEET

Dogs three months of age or older may be *licensed permanently* through the County Treasurer's Office in your county of residence. A tattoo is placed on the inside of the right-hind leg of the dog or a micro-chip is placed under the skin. A lifetime permanent license tag is also issued. This eliminates the need to purchase annual dog licenses. Questions regarding this procedure should be directed to the Treasurer's Office, at 717-771-9603 or e-mailed to: Treasurer@yorkcountypa.gov.

LIFETIME
STEP 1
LICENSE

Dog Owner completes a **lifetime dog license application**, and sends it along with the appropriate fee payable to: **York County Treasurer**.

Send to: **York County Treasurer**
Lifetime Dog License
28 East Market Street Room 126
York, PA 17401-1584

Note: License fees are listed on the application and may be paid by check or money order.

LIFETIME
STEP 2
LICENSE

Upon receipt of the application you will receive a **Permanent Identification Verification Form (PIVF)** from the Treasurer's Office.

LIFETIME
STEP 3
LICENSE

Have your Dog tattooed with the assigned number or implanted with a micro-chip identification system under the skin by a licensed veterinarian. Your veterinarian will complete the PIVF form.

If your dog has already been micro-chipped, you will need to take your dog to the York County SPCA or your vet to be scanned. They will complete the PIVF Form.

LIFETIME
STEP 4
LICENSE

Mail the PIV form to the County Treasurer's Office. (If your dog is spayed or neutered, enclose a copy of the certification documents with the PIVF form.)

LIFETIME
STEP 5
LICENSE

The County Treasurer issues you a **PERMANENT LICENSE** and a stainless steel **Collar ID TAG** for your dog.

By state law, your dog is not legally licensed until the completed PIVF is received by the County Treasurer. This procedure MUST be completed within 30 days from the date issued by the Treasurer's office.

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 <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	NEUTERED MALE	FEMALE	SPAYED FEMALE
\$51.50	\$31.50	\$51.50	\$31.50
<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	

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

ADLEB – VOM/TF



DOG LAW ENFORCEMENT OFFICE
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 _____
NEUTERED MALE MALE SPAYED FEMALE FEMALE
DOG'S BREED _____ DOB _____ DOG'S SEX

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 circle one MICROCHIP-IMPLANTING or SCANNING or TATTOOING VETERINARIAN PRACTICE # (TATTOO or MICROCHIP)
BV

STREET _____ PA KENNEL LICENSE # (MICROCHIP) _____

COUNTY CITY STATE ZIP TELEPHONE NO.

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

FORM MUST BE RETURNED TO COUNTY TREASURER WITHIN 30 DAYS OF RECEIPT _____

Form is VOID if not returned to Treasurer on or before date listed.