

## DOG LICENSE APPLICATION

Year of license \_\_\_\_\_

License # \_\_\_\_\_

|      |            |           |       |
|------|------------|-----------|-------|
| DATE | DOG'S NAME | DOG'S AGE | BREED |
|------|------------|-----------|-------|

COLOR OF DOG:      SPOTTED      WHITE      BLACK      BROWN      OTHER-INDICATE

                            

If the license is issued by an agent rather than the COUNTY TREASURER, an additional 50c will be charged.  
ALL PRICES INCLUDE SERVICE FEES ALLOWED BY LAW.

| REGULAR FEE              |                          |                          |                          | PERSON WITH DISABILITY OR SENIOR CITIZEN FEE |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--|--------------------------|--------------------------|--------------------------|
| MALE                     | NEUTERED MALE            | FEMALE                   | SPAYED FEMALE            | MALE   | NEUTERED MALE            | FEMALE                   | SPAYED FEMALE            |
| <b>\$8.50</b>            | <b>\$6.50</b>            | <b>\$8.50</b>            | <b>\$6.50</b>            | <b>\$6.50</b>                                | <b>\$4.50</b>            | <b>\$6.50</b>            | <b>\$4.50</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"/> |

PLEASE NOTE: IF YOU ARE APPLYING FOR A LICENSE THAT REQUIRES THE DOG OWNER BE A SENIOR CITIZEN, AGE 65 AND OLDER, OR A PERSON WITH DISABILITY, YOU MUST PROVIDE PROOF OF AGE OR DISABILITY TO THE **COUNTY TREASURER OR AGENT**.

|                    |               |                       |          |     |
|--------------------|---------------|-----------------------|----------|-----|
| OWNER'S NAME       | TELEPHONE NO. | OWNER'S DATE OF BIRTH |          |     |
|                    |               | MO.                   | DAY      | YR. |
| STREET OR R.D. NO. |               | TOWNSHIP/BOROUGH      |          |     |
| CITY               |               | PA                    | ZIP CODE |     |
| E-MAIL ADDRESS     |               |                       |          |     |

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**