

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

**DOG LICENSE APPLICATION**

Year of Licensure \_\_\_\_\_

DATE	DOG'S NAME		DOG'S AGE		BREED		
COLOR OF DOG:	SPOTTED <input type="checkbox"/>	WHITE <input type="checkbox"/>	BLACK <input type="checkbox"/>	BROWN <input type="checkbox"/>	OTHER - INDICATE <input type="checkbox"/>		
<b>ALL PRICES INCLUDE ONE-DOLLAR SERVICE FEE ALLOWED BY LAW.</b>							
<b>REGULAR FEE</b>				<b>PERSON WITH DISABILITY OR SENIOR CITIZEN FEE</b>			
MALE \$8.00 <input type="checkbox"/>	NEUTERED MALE \$6.00 <input type="checkbox"/>	FEMALE \$8.00 <input type="checkbox"/>	SPAYED FEMALE \$6.00 <input type="checkbox"/>	MALE \$6.00 <input type="checkbox"/>	NEUTERED MALE \$4.00 <input type="checkbox"/>	FEMALE \$6.00 <input type="checkbox"/>	SPAYED FEMALE \$4.00 <input type="checkbox"/>
<b>If the license is issued by an agent of the COUNTY TREASURER, an additional .50¢ will be charged.</b>							
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
STREET OR R.D. NO.				TOWNSHIP/BOROUGH			
CITY				STATE <b>PA</b>		ZIP CODE	

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. C.S. § SECTION 4904 (RELATING TO UNSWORN FALSIFICATION TO AUTHORITIES).

**SIGNATURE OF DOG OWNER/APPLICANT REQUIRED**  
MAIL TO COUNTY TREASURER'S OFFICE