

DOG LICENSE APPLICATION Year of Licensure _____

DATE		DOG'S NAME			DOG'S AGE	BREED	
COLOR OF DOG	SPOTTED	WHITE	BLACK	BROWN	OTHER — INDICATE		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
REGULAR				PERSON WITH DISABILITY OR SENIOR CITIZEN FEE			
	NEUTERED		SPAYED		NEUTERED		SPAYED
MALE	MALE	FEMALE	FEMALE	MALE	MALE	FEMALE	FEMALE
\$8.00	\$6.00	\$8.00	\$6.00	\$6.00	\$4.00	\$6.00	\$4.00
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ABOVE PRICES INCLUDES ONE DOLLAR SERVICE FEE ALLOWED BY LAW				ABOVE PRICES INCLUDES ONE DOLLAR SERVICE FEE ALLOWED BY LAW			
If the license is issued by an agent of the COUNTY TREASURER, an additional .50¢ will be charged.							
PLEASE NOTE: IF YOU ARE APPLYING FOR A LICENSE THAT REQUIRES THE DOG OWNER BE A SENIOR CITIZEN OR A PERSON WITH DISABILITY, YOU MUST PROVIDE PROOF OF AGE OR DISABILITY TO THE COUNTY TREASURER OR AGENT.							
OWNER'S NAME				PHONE NUMBER	OWNER'S BIRTHDATE		
					MO.	DAY	YR.
STREET OR R.D. NO.				TOWNSHIP/BOROUGH			
CITY				STATE	ZIP CODE		
				PA			

IF YOU APPLYING FOR A LICENSE THAT REQUIRES YOUR DOG TO BE SPAYED OR NEUTERED, YOU MUST EITHER SUBMIT WRITTEN VERIFICATION FROM A LICENSED DOCTOR OF VETERINARY MEDICINE OR SIGN THE FOLLOWING AFFIDAVIT:
 I HEREBY VERIFY THAT I AM THE OWNER OF THE DOG THAT IS THE SUBJECT OF THIS DOG LICENSE APPLICATION, THAT THE DOG HAS BEEN SPAYED OR NEUTERED AND THAT I MAKE THIS STATEMENT SUBJECT TO THE CRIMINAL PENALTIES OF 18 Pa. C.S. § SECTION 4904 (RELATING TO UNSWORN FALSIFICATION TO AUTHORITIES).

PLEASE INCLUDE A SELF-ADDRESSED, STAMPED ENVELOPE WHEN MAILING. IF SENIOR CITIZEN, OR PERSON WITH A DISABILITY, APPLICATION MUST BE SIGNED BY THE DOG OWNER.

 DOG OWNER/APPLICANT

MAIL TO COUNTY
 TREASURER'S OFFICE