PA Department of Agriculture, Bureau of Dog Law Enforcement

DOG LICENSE APPLICATION

| Year of license | | | | | | License # | | | | |
|--|------------------|--------|------------------|------|-----------------|--|--------|------------|------------------|--|
| DATE DOG'S NAME | | | | | DO | G'S AGE | BREE | BREED | | |
| COLOR SPOTTED WHITE BL. OF DOG: | | | | | BROWN OTHER-IND | | | R-INDIC | ATE | |
| If the licen | ise is issued | | rather than the | | | | | 0¢ will be | charged. | |
| REGULAR FEE PERSO | | | | | | ON WITH DISABILITY OR SENIOR CITIZEN FEE | | | | |
| MALE | NEUTERE! MALE | FEMALE | SPAYED FEMALE | MAI | E | NEUTERE | FEMALE | | SPAYED FEMALE | |
| \$8.70 | \$6.70 | \$8.70 | \$6.70 | \$6. | 70 | \$4.70 | \$6.70 | | \$4.70 | |
| | | | | |) | | | | | |
| PLEASE NOTE: IF YOU ARE APPLYING FOR A 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 OR AGENT. OWNER'S NAME TELEPHONE NO. OWNER'S DATE OF BIRTH MO. DAY YR. | | | | | | | | | | |
| | | | | | | | WIO. | 5711 | 11 | |
| STREET TOWNSHIP/BOROUGH | | | | | | | | | | |
| CITY | | | | | | STATE 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

_NOTICE: This form EXPIRES on January 31, 2024 and will no longer be honored.

New fees will take effect February 1, 2024.