

PA Department of Agriculture, Bureau of Dog Law Enforcement

**DOG LICENSE APPLICATION**

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

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

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>If the license is issued by an agent rather than the COUNTY TREASURER, an additional 50¢ will be charged.          ALL PRICES INCLUDE SERVICE FEES ALLOWED BY LAW.</b>							
<b>REGULAR FEE</b>				<b>PERSON WITH DISABILITY OR SENIOR CITIZEN FEE</b>			
MALE	NEUTERED MALE	FEMALE	SPAYED FEMALE	MALE	NEUTERED MALE	FEMALE	SPAYED FEMALE
<b>\$8.70</b>	<b>\$6.70</b>	<b>\$8.70</b>	<b>\$6.70</b>	<b>\$6.70</b>	<b>\$4.70</b>	<b>\$6.70</b>	<b>\$4.70</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 OR OLDER, OR A PERSON WITH DISABILITY, YOU MUST PROVIDE PROOF OF AGE OR DISABILITY TO THE <b>COUNTY TREASURER</b> OR <b>AGENT</b> .							
OWNER'S NAME			TELEPHONE NO.		OWNER'S DATE OF BIRTH		
					MO.	DAY	YR.
STREET			TOWNSHIP/BOROUGH				
CITY			STATE	ZIP CODE			
			<b>PA</b>				
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).

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 SIGNATURE OF DOG OWNER/APPLICANT REQUIRED
 

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 IF APPLICANT IS A MINOR, SIGNATURE OF PARENT OR GUARDIAN IS REQUIRED
 

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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.**