

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"/>																																	
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.																																			
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="4">REGULAR FEE</th> <th colspan="4">PERSON WITH DISABILITY OR SENIOR CITIZEN FEE</th> </tr> <tr> <th>MALE</th> <th>NEUTERED MALE</th> <th>FEMALE</th> <th>SPAYED FEMALE</th> <th>MALE</th> <th>NEUTERED MALE</th> <th>FEMALE</th> <th>SPAYED FEMALE</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">\$8.50</td> <td style="text-align: center;">\$6.50</td> <td style="text-align: center;">\$8.50</td> <td style="text-align: center;">\$6.50</td> <td style="text-align: center;">\$6.50</td> <td style="text-align: center;">\$4.50</td> <td style="text-align: center;">\$6.50</td> <td style="text-align: center;">\$4.50</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table>				REGULAR FEE				PERSON WITH DISABILITY OR SENIOR CITIZEN FEE				MALE	NEUTERED MALE	FEMALE	SPAYED FEMALE	MALE	NEUTERED MALE	FEMALE	SPAYED FEMALE	\$8.50	\$6.50	\$8.50	\$6.50	\$6.50	\$4.50	\$6.50	\$4.50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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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.																																
STREET		TOWNSHIP/BOROUGH																																	
CITY		STATE	ZIP CODE																																
		PA																																	
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