

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	WHITE	BLACK	BROWN	OTHER-INDICATE												
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
<p>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.</p> <table border="1"> <tr> <td>REGULAR FEE</td> <td colspan="5">PERSON WITH DISABILITY OR SENIOR CITIZEN FEE</td> </tr> <tr> <td>MALE \$10.80 <input type="checkbox"/></td> <td colspan="2">FEMALE \$10.80 <input type="checkbox"/></td> <td>MALE \$8.80 <input type="checkbox"/></td> <td colspan="2">FEMALE \$8.80 <input type="checkbox"/></td> </tr> </table>						REGULAR FEE	PERSON WITH DISABILITY OR SENIOR CITIZEN FEE					MALE \$10.80 <input type="checkbox"/>	FEMALE \$10.80 <input type="checkbox"/>		MALE \$8.80 <input type="checkbox"/>	FEMALE \$8.80 <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		
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

MAKE CHECKS PAYABLE TO COUNTY TREASURER

MAIL TO COUNTY TREASURER'S OFFICE

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