

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"/>
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.					
REGULAR FEE			PERSON WITH DISABILITY OR SENIOR CITIZEN FEE		
MALE \$8.70	FEMALE \$8.70	MALE \$6.70	FEMALE \$6.70		
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.
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
1 Courthouse Square, Room 201
Carlisle, PA 17013