

DOG LICENSE APPLICATION

Year of Licensure _____

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"/>		
ALL PRICES INCLUDE ONE-DOLLAR SERVICE FEE ALLOWED BY LAW.							
REGULAR FEE				PERSON WITH DISABILITY OR SENIOR CITIZEN FEE			
MALE \$8.00 <input type="checkbox"/>	NEUTERED MALE \$6.00 <input type="checkbox"/>	FEMALE \$8.00 <input type="checkbox"/>	SPAYED FEMALE \$8.00 <input type="checkbox"/>	MALE \$8.00 <input type="checkbox"/>	NEUTERED MALE \$4.00 <input type="checkbox"/>	FEMALE \$6.00 <input type="checkbox"/>	SPAYED FEMALE \$4.00 <input type="checkbox"/>
If the license is issued by an agent of the COUNTY TREASURER, an additional .50¢ will be charged.							
PLEASE NOTE: IF YOU ARE APPLYING FOR A LICENSE THAT REQUIRES THE DOG OWNER BE A SENIOR CITIZEN, AGE 65 AND 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 OR R.D. NO.				TOWNSHIP/BOROUGH			
CITY				STATE PA		ZIP CODE	

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. C.S. § SECTION 4904 (RELATING TO UNSWORN FALSIFICATION TO AUTHORITIES).

SIGNATURE OF DOG OWNER/APPLICANT REQUIRED
MAIL TO COUNTY TREASURER'S OFFICE

Please remit this application with the proper fee to:

Centre County Treasurer
Willowbank County Office Building
420 Holmes Street
Bellefonte PA 16823-1488