

License # _____

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 \$6.00 <input type="checkbox"/>
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
			MONTH DAY YEAR
STREET OR R.D. NO.		TOWNSHIP/BOROUGH	
CITY		STATE	ZIP CODE
		PA	

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
 230 EAST WATER STREET
 LOCK HAVEN, PA 17745
 (570) 893-4005