

**Please Send To: County Treasurer's Office  
100 W. Beau Street  
Room 102  
Washington, PA 15301**

ADLEB 14-18

**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"/>		
<b>REGULAR</b>		<b>PERSON WITH DISABILITY OR SENIOR CITIZEN FEE</b>	
MALE NEUTERED \$8.00    MALE \$6.00    FEMALE \$8.00 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	SPAYED FEMALE \$6.00 <input type="checkbox"/>	MALE NEUTERED \$6.00    MALE \$4.00    FEMALE \$6.00 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	SPAYED FEMALE \$4.00 <input type="checkbox"/>
ABOVE PRICES INCLUDES ONE DOLLAR SERVICE FEE ALLOWED BY LAW		ABOVE PRICES INCLUDES ONE DOLLAR SERVICE FEE ALLOWED BY LAW	
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 OR A PERSON WITH DISABILITY, YOU MUST PROVIDE PROOF OF AGE OR DISABILITY TO THE COUNTY TREASURER OR AGENT.			
OWNER'S NAME		PHONE NUMBER	OWNER'S BIRTHDATE
			MO.    DAY    YH.
STREET OR R.D. NO.		TOWNSHIP/BOROUGH	
CITY		STATE <b>PA</b>	ZIP CODE

**IF YOU APPLYING FOR A LICENSE THAT REQUIRES YOUR DOG TO BE SPAYED OR NEUTERED, YOU MUST EITHER SUBMIT WRITTEN VERIFICATION FROM A LICENSED DOCTOR OF VETERINARY MEDICINE OR SIGN THE FOLLOWING AFFIDAVIT:  
I HEREBY VERIFY THAT I AM THE OWNER OF THE DOG THAT IS THE SUBJECT OF THIS DOG LICENSE APPLICATION, THAT THE DOG HAS BEEN SPAYED OR NEUTERED AND THAT I MAKE THIS STATEMENT SUBJECT TO THE CRIMINAL PENALTIES OF 18 Pa. C.S. § SECTION 4904 (RELATING TO UNSWORN FALSIFICATION TO AUTHORITIES).**

**PLEASE INCLUDE A SELF-ADDRESSED, STAMPED ENVELOPE WHEN MAILING. IF SENIOR CITIZEN, OR PERSON WITH A DISABILITY, APPLICATION MUST BE SIGNED BY THE DOG OWNER.**

\_\_\_\_\_  
DOG OWNER/APPLICANT

**MAIL TO COUNTY  
TREASURER'S OFFICE**