

## 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	NEUTERED MALE	FEMALE	SPAYED FEMALE
<b>\$8.50</b>	<b>\$6.50</b>	<b>\$8.50</b>	<b>\$6.50</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MALE	NEUTERED MALE	FEMALE	SPAYED FEMALE
<b>\$6.50</b>	<b>\$4.50</b>	<b>\$6.50</b>	<b>\$4.50</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 <b>COUNTY TREASURER OR AGENT.</b>			
OWNER'S NAME		TELEPHONE NO.	OWNER'S DATE OF BIRTH
			MO.    DAY    YR.
STREET OR R.D. NO.		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:  
DELAWARE COUNTY TREASURER

MAIL TO: DELAWARE COUNTY TREASURER'S OFFICE  
C/O LICENSE DEPARTMENT  
GOVERNMENT CENTER BUILDING  
201 W. FRONT STREET  
MEDIA, PA 19063