

# DOG LICENSE APPLICATION

Year of license \_\_\_\_\_

License # \_\_\_\_\_

DATE	DOG'S NAME	DOG'S AGE	BREED
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COLOR OF DOG:	SPOTTED <input type="checkbox"/>	WHITE <input type="checkbox"/>	BLACK <input type="checkbox"/>	BROWN <input type="checkbox"/>	OTHER-INDICATE <input type="checkbox"/>
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**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	MALE	NEUTERED MALE	FEMALE	SPAYED FEMALE
<b>\$8.50</b>	<b>\$6.50</b>	<b>\$8.50</b>	<b>\$6.50</b>	<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"/>	<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 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
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CITY	STATE	ZIP CODE
<b>PA</b>		

E-MAIL ADDRESS
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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).

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SIGNATURE OF DOG OWNER/APPLICANT REQUIRED

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IF APPLICANT IS A MINOR, SIGNATURE OF PARENT OR GUARDIAN IS REQUIRED

Mail To: County Treasurer, Monroe County Administration Building  
One Quaker Plaza, Room 103, Stroudsburg PA 18360