

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"/>
REGULAR FEE		PERSON WITH DISABILITY OR SENIOR CITIZEN FEE	
Male	Neutered Male	Female	Spayed Female
\$8.00	\$6.00	\$8.00	\$6.00
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Male	Neutered Male	Female	Spayed Female
\$6.00	\$4.00	\$6.00	\$4.00
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 TO BE A SENIOR CITIZEN, AGE 65 OR OLDER, OR A PERSON WITH A 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	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 PENALTIES (RELATING TO UNSWORN FALSIFICATION TO AUTHORITIES).**

MAIL TO: CHESTER COUNTY TREASURER
 P.O. BOX 2748
 WEST CHESTER, PA 19380-0991

 Dog Owner/Applicant