

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 | MALE | NEUTERED MALE | FEMALE | SPAYED FEMALE |
| \$8.50 | \$6.50 | \$8.50 | \$6.50 | \$6.50 | \$4.50 | \$6.50 | \$4.50 |
| <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 |
|--------|------------------|

| | | |
|-----------|-------|----------|
| CITY | STATE | ZIP CODE |
| PA | | |

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|----------------|
| 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

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