

Year of license

DOG LICENSE APPLICATION

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"/>
REGULAR FEE		PERSON WITH DISABILITY OR SENIOR CITIZEN FEE	
Male \$8.50 <input type="checkbox"/>	Neutered Male \$6.50 <input type="checkbox"/>	Female \$8.50 <input type="checkbox"/>	Spayed Female \$6.50 <input type="checkbox"/>
		Male \$6.50 <input type="checkbox"/>	Neutered Male \$4.50 <input type="checkbox"/>
		Female \$6.50 <input type="checkbox"/>	Spayed Female \$4.50 <input type="checkbox"/>
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	

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 PENALTIES (RELATING TO UNSWORN FALSIFICATION TO AUTHORITIES)**.

MAIL TO: MONTGOMERY COUNTY TREASURER
P.O. BOX 311
NORRISTOWN PA 19404-0311

Signature of Dog Owner/Applicant Required