

# City of Monongahela Residents

## Dog License Application for Washington County, PA

ADLEB 14-18 rev. 8/2001  
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"/>	
ALL PRICES INCLUDE ONE-DOLLAR SERVICE FEE ALLOWED BY LAW.			
REGULAR FEE		PERSON WITH DISABILITY OR SENIOR CITIZEN FEE	
MALE \$8.00 <input type="checkbox"/>	NEUTERED MALE \$6.00 <input type="checkbox"/>	FEMALE \$8.00 <input type="checkbox"/>	SPAYED FEMALE \$6.00 <input type="checkbox"/>
		MALE \$6.00 <input type="checkbox"/>	NEUTERED MALE \$4.00 <input type="checkbox"/>
		FEMALE \$6.00 <input type="checkbox"/>	SPAYED FEMALE \$4.00 <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 BE A SENIOR CITIZEN, AGE 65 AND 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 OR R.D. NO.		TOWNSHIP/BOROUGH	
CITY		STATE <b>PA</b>	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 (RELATING TO UNSWORN FALSIFICATION TO AUTHORITIES).

**SIGNATURE OF DOG OWNER/APPLICANT REQUIRED**  
MAIL TO COUNTY TREASURER'S OFFICE

Mail application with your check to:

Washington County Treasurer  
Courthouse Square  
100 West Beau Street  
Suite 102  
Washington, PA 15301

For more information Please call 724-228-6780