



**MELISSA A. COTTLE**  
**BEDFORD COUNTY TREASURER**  
 200 SOUTH JULIANA STREET  
 BEDFORD, PA 15522

OFFICE HOURS  
 8:30 AM - 4:30 PM  
 Monday - Friday  
 (814) 623-4846  
 www.bedfordcountypa.org

**YOUR 2024 DOG LICENSE(S) will EXPIRE DECEMBER 31st. FINES CAN BE UP TO \$500 PER DOG.**  
 Pennsylvania law requires a license for every dog 3 months of age or older.

**ON-LINE**

License your dog(s) on-line at <http://bedfordcountypa.org/>. A convenience fee for credit card payments will be applied per license purchased online. Please see the website for details. To access your pre-filled form you will need the Renewal ID and Online Code listed below.

Renewal ID: \_\_\_\_\_ Online Code: \_\_\_\_\_

**BY MAIL**

1. Complete the application form below, verifying the owner information, street address, and pet description(s) are correct.
2. Use this form to license up to 5 dogs. Please list any additional dogs on a separate sheet of paper and return it with this form.
3. Enclose a check or money order for the correct fees payable to: **Bedford County Treasurer**. Please do not send cash.
4. Please return the application along with check or money order. A receipt will be returned to you with your 2025 license tag(s).

**IN PERSON**

Licenses can be purchased at the Bedford County Treasurer's Office, 200 South Juliana Street, Bedford. **BRING THIS APPLICATION with you when purchasing in person.**

REGULAR FEE				SENIOR CITIZEN OR PERSON WITH DISABILITY FEE			
MALE		FEMALE		MALE		FEMALE	
\$8.70		\$8.70		\$6.70		\$6.70	

**PLEASE NOTE: IF APPLYING FOR A SENIOR CITIZEN LICENSE, THE OWNER MUST CURRENTLY BE AGE 65 AND OLDER. A PERSON WITH A DISABILITY MUST PROVIDE PROOF OF DISABILITY TO THE COUNTY TREASURER OR AGENT.**

-----Detach and Return Application with Payment-----

**Color Codes: BL=Black; WH=White; GR=Gray; BD=Brindle; TA=Tan; BR=Brown; YE=Yellow; RE=Red; TRI=Tri-Color; OT=Other**

APPLICATION for the registration of dog(s) for the year 2025

**MELISSA A. COTTLE - BEDFORD COUNTY TREASURER**

Age		Sex (M/F)	Color										Breed	Name	Fee Paid (See Chart Above)	--- Office Use ---	
YRs	MOs		BL	WH	GR	BD	TA	BR	YE	RE	TRI	OT				2025 License #	

**Owner Information**

Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
if different(e.g. P.O. Box)  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZipCode: \_\_\_\_\_  
 Twp: \_\_\_\_\_

I hereby verify that I am the owner of the dog(s) that are 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).  
 The undersigned says that the facts indicated above ARE TRUE.

**Signature of Applicant** \_\_\_\_\_  
 Phone # \_\_\_\_\_ Email \_\_\_\_\_  
 For Senior Citizen Discount: Owner's Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
 For Person with Disability Discount, check:  (Affidavit Req'd)