DIANE R. MARBURGER BUTLER COUNTY TREASURER PO BOX 1208 124 WEST DIAMOND STREET BUTLER, PA 16003



OFFICE HOURS 8:30 AM - 4:15 PM Weekdays (724) 284-5149 www.butlercountypa.gov

## UNLICENSED DOGS SUBJECT TO FINES UP TO \$500 PER DOG.

## **NEW IN 2025**

## LIFETIME DOG LICENSE NOW AVAILABLE ONLINE

# FOUR CONVENIENT OPTIONS TO PURCHASE A DOG LICENSE

1. ONLINE using your digital device

- www.doglicenses.us/PA/Butler/
- Prefilled applications available when you use your Renewal ID and Online Code
- Orders will be processed and delivered within 5-7 days

### **2. TELEPHONE**

- Call 724-284-5149 to order your dog license
- Have your credit card or checking account information on hand
- Convenience fee applies
- Orders will be processed and delivered within 5-7 days

### 3. MAIL

- Complete the application below inlcude a check or money order payable to: Butler County Treasurer
- Mail to: Butler County Treasurer P.O. Box 1208, Butler, PA 16003-1208
- Orders will be processed and delivered within 2-4 weeks

#### 4. IN PERSON

- Licenses can be purchased at the Butler County Treasurer's Office located at 124 West Diamond Street, Butler, PA 16001 between the hours of 8:30AM and 4:15PM
- Cash, check, money order, credit and debit cards are accepted

REGU	JLAR	SENIOR CITIZEN AGED 65 OR PERSON WITH DISABILITY				
MALE	FEMALE	MALE	FEMALE			
\$8.70	\$8.70	\$6.70	\$6.70			

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

#### PLEASE ALLOW 2-4 WEEKS FOR PROCESSING

APPLICATION for the registration of dog(s)

#### MAIL ORDERS DIANE R. MARBURGER, COUNTY TREASURER PO BOX 1208, BUTLER, PA 16003-1208

				0	·			0.	·			I O DOM	1200, DOILDIN, 11					
	ge	Sex					Colo				lann r		Breed	Name	Fee Paid	No Longer	Office Use 2025 License #	
YRs	MOs	(M/F)	BL	WН	GR	BD	ΤA	BR	YE	RE	TRI				(See Above)	Owned	License #	
Color Codes: BL=Black; WH=White; GR=Gray; BD=Brindle; TA=Tan; BR=Brown; YE=Yellow; RE=Red; TRI=Tri-Color Owner Information										,	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.							
Name:													Signature of Applicant					
Street Address:											Phone # Email Req'd							
Mailing Address: if different(e.g. P.O. Box)											For Senior Citizen Discount: Owner's Date of Birth/							
City: State: ZipCode:									ZipC	Code			For Person with Disability Discount, check:					



Renewal ID:

Online Code: