COUNTY OF CENTRE

OFFICE OF THE TREASURER

Willowbank Office Building
420 Holmes Street
Bellefonte, Pennsylvania 16823-1488

COLLEEN KENNEDY
TREASURER
cbkennedy@centrecountypa.gov

(814) 355-6810
FAX # (814) 355-6973

Our records show that the license(s) listed below have expired. The MAXIMUM FINE for an UNLICENSED DOG is $500. Pennsylvania law requires a license for every dog 3 months of age or older.

ON-LINE

License your dog(s) on-line at **http://www.centrecountypa.gov**. 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: **Centre 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 2024 license tag(s).

IN PERSON

Licenses can be purchased at the Centre County Treasurer's Office, 420 Holmes St., Bellefonte, PA 16823. Please bring the attached form when purchasing.

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.

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

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

COLLEEN B. KENNEDY, COUNTY TREASURER
420 HOLMES ST; BELLEFONTE, PA 16823

APPLICATION for the registration of dog(s) for the year 2024

Spayed / Neutered	Age YRs	Age MOs	Sex (M/F)	Color Code BL	WH	GR	BD	TA	BR	YE	RE	MU	OT	Dog Breed	Dog Name	Fee Paid (See Chart Above)	--- Office Use --- 2024 License #

Owner Information

Name: _____

Street Address: _____

Mailing Address: _____
if different(e.g. P.O. Box)

City: _____ State: _____ ZipCode: _____

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)