

# MELISSA JO SMITH MCKEAN COUNTY TREASURER

500 WEST MAIN ST  
SMETHPORT, PA 16749  
www.mckeancountypa.gov

OFFICE HOURS  
8:30 AM - 4:00 PM  
Weekdays  
814-887-3220

Your 2024 DOG LICENSE(S) will EXPIRE DECEMBER 31st. 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 <https://www.mckeancountypa.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: **McKean 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 McKean County Treasurer's Office, 500 West Main St, Smethport. 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; TRI=Tri-Color

**MELISSA JO SMITH, COUNTY TREASURER  
500 WEST MAIN ST; SMETHPORT, PA 16749**

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

| Age |     | Sex<br>(M/F) | Color Code |    |    |    |    |    |    |    |     |                   | Dog Breed | Dog Name | Fee Paid<br>(See Chart Above) | --- Office Use --- |
|-----|-----|--------------|------------|----|----|----|----|----|----|----|-----|-------------------|-----------|----------|-------------------------------|--------------------|
| YRs | MOs |              | BL         | WH | GR | BD | TA | BR | YE | RE | TRI | 2025<br>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)