



# AMBER WHITE MERCER COUNTY TREASURER

125 S DIAMOND ST, SUITE 104  
MERCER, PA 16137-1224  
www.mercercountypa.gov/treasurer/

OFFICE HOURS  
8:30 AM - 4:30 PM  
Monday - Friday  
(724) 662-4440

**DON'T GET CAUGHT WITH AN EXPIRED TAG -- BUY YOUR 2025 DOG LICENSE BY JANUARY 1. LICENSES GO ON SALE DECEMBER 1, 2024. FINES CAN BE UP TO \$500 PER DOG. Pennsylvania law requires a license for every dog 3 months of age or older.**

**ON-LINE**

Register your dog(s) on-line at [www.doglicenses.us/PA/Mercer](http://www.doglicenses.us/PA/Mercer). A convenience fee for credit card payments will be applied per license purchase 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. Be sure the owner, street address, and pet description(s) are correct.
2. Use this form to register up to 5 dogs. Please list any additional dogs on the back of this form.
3. Enclose a check or money order for the correct fees payable to: **Mercer 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**

Tags can be purchased at the Mercer County Treasurer's Office, 125 S Diamond St, Suite 104, Mercer. Please bring the attached form when purchasing. Licenses are also sold at a number of agents located throughout the county. To find the nearest agent in your area, please review the list of agents on the County Treasurer's website, [www.mercercountypa.gov/treasurer/](http://www.mercercountypa.gov/treasurer/).

| 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 DISABILITY AFFIDAVIT 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**

**AMBER WHITE, COUNTY TREASURER**

**125 S DIAMOND ST, SUITE 104, MERCER, PA 16137**

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

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

**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)