DIANE K. REIGLE
UNION COUNTY TREASURER

103 S 2ND ST
LEWISBURG, PA 17837
www.unioncountypa.org/treasurers-office

OFFICE HOURS
8:30 AM - 4:00 PM
Weekdays
(570) 524-8781

DON'T GET CAUGHT WITH AN EXPIRED TAG -- BUY YOUR 2025 DOG LICENSE BY JANUARY 1. 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 **https://www.unioncountypa.org/treasurers-office**. 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: **Union 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 Union County Treasurer's Office, 103 S 2nd St, Lewisburg. Please bring the attached form when purchasing. Licenses are also sold at Boops Sporting Goods at 6558 Old Turnpike Rd, Mifflinburg, PA 17844.

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

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

Age		Sex	Color Code									Dog Breed	Dog Name	Fee Paid (See Chart Above)	--- Office Use --- 2025 License #
YRs	MOs	(M/F)	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)