## SUSAN M. HARRY HUNTINGDON COUNTY TREASURER 233 PENN STREET HUNTINGDON, PA 16652



OFFICE HOURS 8:30 AM - 4:30 PM Monday - Friday (814) 643-3523 www.huntingdoncounty.net

YOUR 2025 DOG LICENSE(S) WILL EXPIRE DECEMBER 31st. FINES CAN BE IMPOSED UP TO \$500 PER DOG.

Pennsylvania law requires a license for every dog 3 months of age or older.

For Senior Citizen Discount: Owner's Date of Birth

For Person with Disability Discount, check: (Affidavit Req'd)

## **ON-LINE**

License your dog(s) on-line at http://www.doglicenses.us/PA/Huntingdon. 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: **Huntingdon 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 2026 license tag(s).

## IN PERSON

Mailing Address: \_

if different(e.g. P.O. Box)

\_\_\_ State: \_\_\_\_\_ Zip Code:\_\_\_

Licenses can be purchased at the Huntingdon County Treasurer's Office, 233 Penn Street, Huntingdon. **BRING THIS APPLICATION** with you when purchasing in person. You may also purchase at one of our agents: Orbisonia True Value, Huntingdon County Humane Society, and Dogwood Dog Lodge. If the license is issued by an agent rather than the County Treasurer, an additional 50 cents will be charged. All prices include service fees allowed by law.

|         | REGULAR FEE | SENIOR CITIZEN OR PERSON WITH DISABILITY FEE |        |  |
|---------|-------------|--|--------|--|
| MALE    | FEMALE      | MALE   | FEMALE |  |
| \$10.80 | \$10.80     | \$8.80                                       | \$8.80 |  |

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  |       |       |    |    |    |    |    |                        |   |     |    |                |                       |
| APPL                                       | APPLICATION for the registration of dog(s) for the year 2026 SUSAN M. HARRY - HUNTINGDON COUNTY TREASURER |       |       |    |    |    |    |    |                        |   |     |    |                |                       |
| A  | ge  | Sex   | Color |    |    |    |    |    |                        |   |     |    | Name Fee Paid  | Office Use            |
| YRs  | MOs   | (M/F) | BL    | WH | GR | BD | TA | BR | YE                     | RE  | TRI | OT | (See Chart Abo | (e) 2026<br>License # |
|  |   |       |       |    |    |    |    |    |                        |   |     |    |                |                       |
|  |   |       |       |    |    |    |    |    |                        |   |     |    |                |                       |
|  |   |       |       |    |    |    |    |    |                        |   |     |    |                |                       |
|  |   |       |       |    |    |    |    |    |                        |   |     |    |                |                       |
|  |   |       |       |    |    |    |    |    |                        |   |     |    |                |                       |
| Owner Information                          |   |       |       |    |    |    |    |    |                        | The undersigned says that the facts indicated above ARE TRUE. |     |    |                |                       |
| Name:                                      |   |       |       |    |    |    |    |    | Signature of Applicant |   |     |    |                |                       |
| Street Address:                            |   |       |       |    |    |    |    |    |                        | Phone # Email   |     |    |                |                       |