

DISABLED PERSON'S DOG LICENSE APPLICATION

This form is for a Dog License for a person with disabilities. Please complete and sign the form below and return it with a copy of your proof of disability. You should provide us with a copy of your Social Security Disability or SSI award letter.

Person with a disability is as follows: " a person who receives disability insurance or supplemental security income for the aged, blind or disabled under the Social Security Act (49 Stat. 620, 42 U.S.C. Section 301 et seq.), or who receives a rent or property tax rebate under the act of March 11, 1971 (P.L. 104, No. 3), known as the Senior Citizens Rebate and Assistance Act, on account of disability, or who has a handicapped plate under 75 PA.C.S. Section 1338(relating to handicapped plate and placard)."

DOG LICENSE APPLICATION

| | | | |
|--|--------------------------|--------------------------|--------------------------|
| DATE | DOG'S NAME | DOG'S AGE | BREED |
| COLOR OF DOG: | SPOTTED | WHITE | BLACK |
| | BROWN | OTHER-INDICATE | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| PERSON WITH DISABILITY | | | |
| MALE | NEUTERED MALE | FEMALE | SPAYED FEMALE |
| \$6.00 | \$4.00 | \$6.00 | \$4.00 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ABOVE PRICE INCLUDES ONE DOLLAR SERVICE FEE ALLOWED BY LAW | | | |
| PLEASE NOTE: IF YOU ARE APPLYING FOR A LICENSE THAT REQUIRES THE DOG OWNER BE A PERSON WITH A DISABILITY , YOU MUST PROVIDE PROOF OF DISABILITY TO THE COUNTY TREASURER | | | |
| OWNER'S NAME | | PHONE NUMBER | |
| | | () | |
| STREET OR RD NUMBER | | TOWNSHIP/BOROUGH | |
| | | | |
| CITY | STATE | ZIP CODE | |
| | PA | | |

IF YOU ARE APPLYING FOR A LICENSE THAT REQUIRES YOUR DOG TO BE SPAYED OR NEUTERED, YOU MUST EITHER SUBMIT WRITTEN VERIFICATION FROM A LICENSED DOCTOR OF VETERINARY MEDICINE OR SIGN THE FOLLOWING AFFIDAVIT: I HEREBY VERIFY THAT I AM THE OWNER OF THE DOG THAT IS THE SUBJECT OF THIS DOG LICENSE APPLICATION, THAT THE DOG HAS BEEN SPAYED OR NEUTERED AND THAT I MAKE THIS STATEMENT SUBJECT TO THE CRIMINAL PENALTIES OF 18 PA C.S. & SECTION 4904 (RELATING TO UNSWORN FALSIFICATION TO AUTHORITIES).

DOG OWNER – Signature

COMPLETE AND SIGN THIS APPLICATION AND MAIL ALONG WITH CHECK OR MONEY ORDER PAYABLE TO:

**KATHALYN O'BRIEN, COUNTY TREASURER
2 N MAIN ST SUITE 110
GREENSBURG, PA 15601**

