

Beaver County Treasurer



SANDIE EGLEY
TREASURER

PAMELA HUPP
FIRST DEPUTY

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SOLICITOR

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BEAVER COUNTY COURTHOUSE
BEAVER, PENNSYLVANIA 15009-2196
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2024



Your 2023 DOG LICENSE(S) have EXPIRED.
The **MAXIMUM FINE** for an **UNLICENSED DOG** is **\$500.**
Pennsylvania law requires a license for every dog 3 months of age or older.

NOTICE: THESE FEES WILL TAKE EFFECT FEBRUARY 1, 2024.

ON-LINE

License your dog(s) on-line at <https://www.doglicenses.us/PA/Beaver>. 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:
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BY MAIL

1. Complete the application form below, verifying the OWNER INFORMATION, street address, phone number, 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: **Beaver County Treasurer, Sandie Egley**. 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 2024 license tag(s).

IN PERSON

Licenses can be purchased at the Beaver County Treasurer's Office, 810 Third St, Beaver or the Beaver County Humane Society, 3394 Brodhead Rd, Aliquippa. The Humane Society will charge an additional fee per license. Please bring the attached form when purchasing.

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

SANDIE EGLEY, BEAVER COUNTY TREASURER
810 THIRD STREET; BEAVER, PA 15009

Spayed / Neutered	Age		Sex (M/F)	Color Code										Dog Breed	Dog Name	Fee Paid (See Chart Above)	--- Office Use --- 2024 License #
	YRs	MOs		BL	WH	GR	BD	TA	BR	YE	RE	TRI					

APPLICATION for the registration of dog(s) for the year 2024

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)