



COUNTY OF BUCKS

OFFICE OF THE TREASURER

55 East Court Street, Doylestown, PA 18901
(215) 348-6244 | treasurer@buckscounty.org

KRISTIAN A. BALLERINI
Treasurer

David M. Bria, *Deputy Treasurer*
Kelly L. Eberle, Esq, *Solicitor*

ON-LINE

License your dog(s) on-line at www.buckscounty.gov/319/Dog-Licenses. 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: **Bucks 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 2023 license tag(s).

IN PERSON

Licenses can be purchased at the Bucks County Treasurer's Office, 55 E Court St, 5th Floor, Doylestown, PA 18901. **BRING THIS APPLICATION with you when purchasing in person.**

REGULAR FEE				SENIOR CITIZEN OR PERSON WITH DISABILITY FEE			
	NEUTERED		SPAYED		NEUTERED		SPAYED
MALE	MALE	FEMALE	FEMALE	MALE	MALE	FEMALE	FEMALE
\$8.50	\$6.50	\$8.50	\$6.50	\$6.50	\$4.50	\$6.50	\$4.50

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

APPLICATION for the registration of dog(s) for the year 2023

KRISTIAN A. BALLERINI - BUCKS COUNTY TREASURER

Spayed / Neutered	Age		Sex (M/F)	Color										Breed	Name	Fee Paid (See Chart Above)	--- Office Use --- 2023 License #
	YRs	MOs		BL	WH	GR	BD	TA	BR	YE	RE	TRI	OT				

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)