DIANE R. MARBURGER

BUTLER COUNTY TREASURER PO BOX 1208 124 WEST DIAMOND STREET BUTLER, PA 16003



OFFICE HOURS 8:30 AM - 4:15 PM Weekdays (724) 284-5149 www.butlercountypa.gov

UNLICENSED DOGS SUBJECT TO FINES UP TO \$500 PER DOG.

GET YOUR DOG LICENSE ONE TIME - ORDER LIFETIME DOG LICENSE ONLINE

FOUR CONVENIENT OPTIONS TO PURCHASE A DOG LICENSE

1. ONLINE using your digital device

- www.doglicenses.us/PA/Butler/
- Prefilled applications available when you use your Renewal ID and Online Code
- Orders will be processed and delivered within 5-7 days

Renewal ID:

Online Code:

2. TELEPHONE

- Call 724-284-5149 to order your dog license
- · Have your credit card or checking account information on hand
- Convenience fee applies
- Orders will be processed and delivered within 5-7 days

3. MAIL

- Complete the application below inlcude a check or money order payable to: Butler County Treasurer
- Mail to: Butler County Treasurer P.O. Box 1208, Butler, PA 16003-1208
- Orders will be processed and delivered within 2-4 weeks

4. IN PERSON

- Licenses can be purchased at the Butler County Treasurer's Office located at 124 West Diamond Street, Butler, PA 16001 between the hours of 8:30AM and 4:15PM
- · Cash, check, money order, credit and debit cards are accepted

	REGULAR	SENIOR CITIZEN AGED 65 OR PERSON WITH DISABILITY				
MALE	FEMALE	MALE	FEMALE			
\$10.80	\$10.80	\$8.80	\$8.80			

-----Detach and Return Application with Payment----------------------------------

PLEASE ALLOW 2-4 WEEKS FOR PROCESSING

APPLICATION for the registration of dog(s)

MAIL ORDERS DIANE R. MARBURGER, COUNTY TREASURER PO BOX 1208, BUTLER, PA 16003-1208

A	ge	Sex Color								Breed	Name	Fee Paid	No Longer	Office Use		
		(M/F)	BL	WH	GR	BD	TA	BR	YE	RE	TRI	Breed	Name	(See Above)	Owned	2026 License #

Color Codes: BL=Black; WH=White; GR=Gray; BD=Brindle; ΓA=Tan; BR=Brown; YE=Yellow; RE=Red; TRI=Tri-Color	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).					
Owner Information	The undersigned says that the facts indicated above ARE TRUE.					
Name:	Signature of Applicant					
Street Address:	Phone # Email Req'd					
Mailing Address: f different(e.g. P.O. Box)	For Senior Citizen Discount: Owner's Date of Birth//					
City: State: ZipCode:	For Person with Disability Discount, check:					