



COUNTY OF CENTRE
OFFICE OF THE TREASURER
 Willowbank Office Building
 420 Holmes Street
 Bellefonte, Pennsylvania 16823-1488

COLLEEN KENNEDY
TREASURER
 cbkennedy@centrecountypa.gov
(814) 355-6810
FAX # (814) 355-6973

Our records show that the license(s) listed below 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.

ON-LINE

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

Licenses can be purchased at the Centre County Treasurer's Office, 420 Holmes St., Bellefonte, PA 16823. The office is open Monday through Friday, 8:30AM to 5:00PM. Please bring the attached form when purchasing.

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.**

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

Color Codes: BL=Black; WH=White; GR=Gray; BD=Brindle; TA=Tan; BR=Brown; YE=Yellow; RE=Red; MU=Multi-Color; OT=Other
COLLEEN B. KENNEDY, CENTRE COUNTY TREASURER
 APPLICATION for the registration of dog(s) for the year 2026

Age YRs	Sex (M/F)	Color									Dog Breed	Dog Name	Fee Paid (See Chart Above)	... Office Use ... 2026 License #	
		BL	WH	GR	BD	TA	BR	YE	RE	MU					

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 unworn 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)