KARYN MONTANA
CLARION COUNTY TREASURER
330 MAIN ST, RM 110
CLARION, PA 16214

OFFICE HOURS
8:00 AM - 4:30 PM
Monday - Friday
(814) 226-1113
www.co.clarion.pa.us

YOUR 2025 DOG LICENSE(S) will EXPIRE DECEMBER 31st. FINES CAN BE UP TO $500 PER DOG.
Pennsylvania law requires a license for every dog 3 months of age or older.

ON-LINE

License your dog(s) on-line at **www.doglicenses.us/PA/Clarion**. 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: **Clarion 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 Clarion County Treasurer's Office, 330 Main St, Rm 110, Clarion, PA 16214. **BRING THIS APPLICATION with you when purchasing in person.**

REGULAR FEE	SENIOR CITIZEN OR PERSON WITH DISABILITY FEE
MALE / FEMALE $10.80	MALE / FEMALE $8.80

PLEASE NOTE: IF APPLYING FOR A SENIOR CITIZEN LICENSE, THE OWNER MUST CURRENTLY BE AGE 65 AND OLDER.

----------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; **OT**=Other

APPLICATION for the registration of dog(s) for the year 2026

KARYN MONTANA - CLARION COUNTY TREASURER

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

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)