JAY SIEGEL
CLEARFIELD COUNTY TREASURER

1 NORTH 2ND ST
P.O. BOX 289
CLEARFIELD, PA 16830
www.clearfieldcountypa.gov

OFFICE HOURS
8:30 AM - 4:00 PM
Weekdays
(814) 765- 2641 EXT # 5011

Your 2025 DOG LICENSE(S) will EXPIRE DECEMBER 31st. The MAXIMUM FINE for an UNLICENSED DOG is $500. Pennsylvania law requires a license for every dog 3 months of age or older.

Scan to be directed to renewal website.

ON-LINE

License your dog(s) on-line at **http://www.clearfieldcountypa.gov**. 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: **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 Clearfield County Courthouse Treasurer's Office, 1 North 2nd St, Clearfield. Please bring the attached form when purchasing. **Check, cash, or credit card is accepted for in-person transactions.**

REGULAR FEE	SENIOR CITIZEN OR PERSON WITH DISABILITY FEE
$10.80	$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; **TRI**=Tri-Color

Mail to: COUNTY TREASURER
P.O. BOX 289, CLEARFIELD, PA 16830

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

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

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)