CAROL A. FOX
CLEARFIELD COUNTY TREASURER

1 NORTH 2ND ST
P.O. BOX 289
CLEARFIELD, PA 16830
www.clearfieldco.org

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

Your 2018 DOG LICENSE(S) will EXPIRE DECEMBER 31st. The MAXIMUM FINE for an UNLICENSED DOG is $300. Pennsylvania law requires a license for every dog 3 months of age or older.

ON-LINE

License your dog(s) on-line at **http://www.clearfieldco.org**. 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: **Clearfield 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 2019 license tag(s).

IN PERSON

Licenses can be purchased at the Clearfield County Treasurer's Office, 1 North 2nd St, Clearfield or you may visit any of our dog license agents throughout the county. Our agents will charge an additional 50 cents per license. Please bring the attached form when purchasing.

REGULAR FEE				SENIOR CITIZEN OR PERSON WITH DISABILITY FEE			
MALE	NEUTERED MALE	FEMALE	SPAYED FEMALE	MALE	NEUTERED MALE	FEMALE	SPAYED 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

CAROL A. FOX, COUNTY TREASURER
1 NORTH 2ND ST, P.O. BOX 289, CLEARFIELD, PA 16830

APPLICATION for the registration of dog(s) for the year 2019

Spayed / Neutered	Age		Sex	Color Code									Dog Breed	Dog Name	Fee Paid (See Chart Above)	--- Office Use --- 2019 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)