TREASURER
CLINTON COUNTY TREASURER

2 Piper Way, Ste 124
Lock Haven, PA 17745

OFFICE HOURS
8:00 AM - 5:00 PM (Mon, Tue, Thur, Fri)
8:00 AM - 12:30 PM (Wed)
570-893-4004

DON'T GET CAUGHT WITH AN EXPIRED TAG -- BUY YOUR 2026 DOG LICENSE BY JANUARY 1. FINES CAN BE UP TO $500 PER DOG. **Pennsylvania law requires a license for every dog 3 months of age or older.**

ON-LINE
Register your dog(s) on-line at **www.doglicenses.us/PA/Clinton**. A convenience fee for credit card payments will be applied per license purchase 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. Be sure the owner, street address, and pet description(s) are correct.
2. Use this form to register up to 5 dogs. Please list any additional dogs on the back of this form.
3. Enclose a check or money order for the correct fees payable to: **Clinton 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
Tags can be purchased at the Clinton County Treasurer's Office, 2 Piper Way, Ste 124; Lock Haven, PA 17745. Please bring the attached form when purchasing. Licenses are also sold at a number of agents located throughout the county.

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

Michelle L. Kunes, COUNTY TREASURER
2 Piper Way, Ste 124; Lock Haven, PA 17745

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

Age		Sex	Color									Breed	Name	Fee Paid	--- Office Use ---
YRs	MOs	(M/F)	BL	WH	GR	BD	TA	BR	YE	RE	TRI			(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)