

OFFICE HOURS 9:00 AM - 4:00 PM Monday - Friday 724-228-6780 www.washingtoncopa.gov

YOUR 2026 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.

## 2026 Dog License Renewal

## **ON-LINE**

License your dog(s) on-line at **www.washingtoncopa.gov/treasurer**/. 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: **Washington 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 Washington County Treasurer's office, 95 West Beau St., Suite 130, Washington, PA 15301. **BRING THIS APPLICATION with you when purchasing in person.** 

REGU	LAR 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.

			•			
		_				
		D	etach and Return Applicatio	on with Payment		
Color Code	es: BL=	Black; <b>WH</b> =White; <b>GR</b> =Gray; <b>BD</b> =	=Brindle; <b>TA</b> =Tan; <b>BR</b> =Brown; <b>YE</b> =	Yellow; <b>RE</b> =Red; <b>TRI</b> =Tri-	-Color	
APPLICAT	ION fo	r the registration of dog(s) for the ye	ear 2026 <b>TO</b> !	M FLICKINGER - WASH	INGTON COUNT	TY TREASURE
Age	Sex	Color			Fee Paid	Office Use

Please use black or blue ink only when submitting a check for payment.

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

TOTAL FEE PAID	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 /

