

## DISABLED PERSON'S DOG LICENSE APPLICATION

This form is for a Dog License for a person with disabilities. Please complete and sign the form below and return it with a copy of your proof of disability. You should provide us with a copy of your Social Security Disability or SSI award letter.

Person with a disability is as follows: "A person who receives disability insurance or supplemental security income for the aged, blind or disabled under the Social Security Act (49 Stat. 620, 42 U.S.C. Section 301 et seq.), or who receives a rent or property tax rebate under the act of March 11, 1971 (P.L. 104, No. 3), known as the Senior Citizens Rebate and Assistance Act, on account of disability, or who has a handicapped plate under 75 Pa.C.S. Section 1338 (relating to handicapped plate and placard)."

**MAIL TO:**  
**JOHN K. WEINSTEIN**  
**ALLEGHENY COUNTY TREASURER**  
**ROOM 109-COURTHOUSE**  
**436 GRANT STREET**  
**PITTSBURGH, PA. 15219**

License# \_\_\_\_\_

### DOG LICENSE APPLICATION

Year of license \_\_\_\_\_

DATE	DOG'S NAME	DOG'S AGE	BREED
ALL PRICES INCLUDE ONE-DOLLAR SERVICE FEE ALLOWED BY LAW.			
<b>REGULAR FEE</b>		<b>PERSON WITH DISABILITY OR SENIOR CITIZEN FEE</b>	
MALE \$8.00 <input type="checkbox"/>	NEUTERED MALE \$6.00 <input type="checkbox"/>	FEMALE \$8.00 <input type="checkbox"/>	SPAYED FEMALE \$6.00 <input type="checkbox"/>
MALE \$6.00 <input type="checkbox"/>	NEUTERED MALE \$4.00 <input type="checkbox"/>	FEMALE \$6.00 <input type="checkbox"/>	SPAYED FEMALE \$4.00 <input type="checkbox"/>
COLOR OF DOG:	SPOTTED <input type="checkbox"/>	WHITE <input type="checkbox"/>	BLACK BROWN <input type="checkbox"/> <input type="checkbox"/>
OTHER--INDICATE <input type="checkbox"/>			
If the license is issued by an agent of the COUNTY TREASURER, an additional 50¢ will be charged.			
PLEASE NOTE: IF YOU ARE APPLYING FOR A LICENSE THAT REQUIRES THE DOG OWNER TO BE A SENIOR CITIZEN, AGE 65 OR OLDER, OR A PERSON WITH DISABILITY, YOU MUST PROVIDE PROOF OF AGE OR DISABILITY TO THE <b>COUNTY TREASURER OR AGENT</b> .			
OWNER'S NAME		TELEPHONE NO. (    )	OWNER'S BIRTH DATE
			MO.    DAY    YR.
STREET OR R.D. NO.		TOWNSHIP/BOROUGH	
CITY		STATE PA	ZIP CODE

I HEREBY VERIFY THAT I AM THE OWNER OF THE DOG THAT IS 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).

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 SIGNATURE OF DOG OWNER/APPLICANT REQUIRED  
 MAIL TO COUNTY TREASURER'S OFFICE