



Erica Rocchi Brusselars
TREASURER

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)."

ADLEB 14-18 rev. 12/2023

PA Department of Agriculture, Bureau of Dog Law Enforcement

Year of license _____ License # _____

DATE	DOG'S NAME			DOG'S AGE	BREED
COLOR OF DOG:	SPOTTED <input type="checkbox"/>	WHITE <input type="checkbox"/>	BLACK <input type="checkbox"/>	BROWN <input type="checkbox"/>	OTHER-INDICATE <input type="checkbox"/>
If the license is issued by an agent rather than the COUNTY TREASURER, an additional 50¢ will be charged. ALL PRICES INCLUDE SERVICE FEES ALLOWED BY LAW.					
REGULAR FEE			PERSON WITH DISABILITY OR SENIOR CITIZEN FEE		
MALE \$8.70 <input type="checkbox"/>	FEMALE \$8.70 <input type="checkbox"/>	MALE \$6.70 <input type="checkbox"/>	FEMALE \$6.70 <input type="checkbox"/>		
PLEASE NOTE: IF YOU ARE APPLYING FOR A LICENSE THAT REQUIRES THE DOG OWNER BE A SENIOR CITIZEN, AGE 65 OR OLDER, OR A PERSON WITH DISABILITY, YOU MUST PROVIDE PROOF OF AGE OR DISABILITY TO THE COUNTY TREASURER OR AGENT .					
OWNER'S NAME		TELEPHONE NO.		OWNER'S DATE OF BIRTH	
				MO.	DAY
				YR.	
STREET			TOWNSHIP/BOROUGH		
CITY			STATE	ZIP CODE	
			PA		
E-MAIL ADDRESS					

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).

SIGNATURE OF DOG OWNER/APPLICANT REQUIRED

IF APPLICANT IS A MINOR, SIGNATURE OF PARENT OR GUARDIAN IS REQUIRED

MAIL DIRECTLY TO:
ALLEGHENY COUNTY TREASURER
Erica Rocchi Brusselars
Room 109 - Courthouse
436 Grant Street
Pittsburgh, PA 15219