



AMANDA C. HILES
ARMSTRONG COUNTY TREASURER
450 E. MARKET STREET, SUITE 100
KITTTANNING, PA 16201

COUNTER HOURS
8:00 AM - 4:00 PM
Weekdays
(724) 548-3260

RENEWAL REMINDER

No longer own a dog?

If you no longer own a dog listed below and are not renewing/purchasing any current year licenses, please email or call Treasurer's office to have removed to prevent future reminders.

treasdept@co.armstrong.pa.us

ON-LINE

Register your dog(s) on-line at <https://www.doglicenses.us/PA/Armstrong>. 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 Password listed below.

Account ID:

Password:

BY MAIL

1. Complete this form. Be sure the owner, street address, and pet description(s) are correct.
2. Use this form to register 1 to 5 dogs. Please list any additional dogs on a separate sheet of paper and return it with this form. Pennsylvania law requires a license for every dog 3 months of age or older.
3. Enclose a check or money order for the correct fees payable to: **Armstrong County Treasurer**. Please do not send cash. All 2025 dog licenses expired on December 31st. The maximum fine for an unlicensed dog is \$500.
4. Please return the application along with check or money order. Your 2026 license tag(s) will be mailed to you.

IN PERSON

Armstrong Co Treasurer's Office, 450 E. Market St, Ste 100, Kittanning, PA 16201.

Tags are no longer available at agent locations.

REGULAR FEE	SENIOR CITIZEN OR PERSON WITH DISABILITY FEE
MALE / FEMALE \$10.80	MALE / FEMALE \$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

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

AMANDA C. HILES, COUNTY TREASURER
450 E. Market Street, Suite 100; Kittanning, PA 16201

Age		Sex (M/F)	Color									Breed	Name	Fee Paid (See Above)	No Longer Owned	--- Office Use ---
YRs	MOs		BL	WH	GR	BD	TA	BR	YE	RE	TRI					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)