



Application for Dog License
ONE DOG PER APPLICATION
 Please print and complete all information.

You may purchase annual, three year and permanent dog licenses online at www.franklincountyauditor.com, or at the following locations:
 Franklin County Auditor's Office 373 S. High St., 21st FL Columbus, Ohio 43215 614-525-3260
 Franklin County Dog Shelter 4340 Tamarack Blvd Columbus, Ohio 43229 614-525-DOGS (3647)

? Questions ?
 Please contact us at 614-525-3260 or consumer@franklincountyohio.gov

Make sure you:

- Write the current rabies tag number issued by the vet on the line provided
- Dogs younger than four months of age can be licensed without having a rabies vaccination
- Sign and date the application before mailing to our office
- Please make check or money order made payable to: **Franklin County Auditor**
- Mail this application with payment to:
Franklin County Auditor - Dog Licensing Section, 373 S. High Street 21st Fl., Columbus, OH 43215-6317

APPLICATION FOR FRANKLIN COUNTY 20____ DOG REGISTRATION
 Please check one only: One Year Three Years Permanent

Please print and complete all information:	DOG'S AGE		EX*	SEX		COLOR(S)							HAIR	FOR OFFICE USE ONLY								
RABIES #: <i>(Issued by Veterinarian):</i>	YRS	MOS	V B H	Male Female	N S	1 B L A C K	2 W H I T E	3 G R A Y	4 B R N D L	5 T A N	6 B R O W N	7 O T H E R	Long Medium Short	BREED OF DOG	PET NAME	FEE	PENALTY	DONATION	TOTAL FEE			
* EX: V=Veterinarian B=Breed H=Hunting SEX: N=Neutered S=Spayed																						
MICROCHIP # (If applicable)						If you acquired the dog this year, what date? _____ If the dog moved into Ohio this year, what date? _____													Issued by Deputy or Agent			
Owner's First Name _____ MI _____ Last Name _____												I the undersigned, Owner, Keeper or Harbored of the dog listed above, declare under penalty of perjury the information is true and accurate to the best of my knowledge.										
Street Address Include Apartment or Lot Number _____												Primary Phone # _____ Secondary Phone # _____										
City _____ State _____ Zip Code _____												Email Address (Optional) _____										
												Signature of Applicant _____ Date Signed _____										

CHECK ONLY ONE BOX BELOW AS APPLICABLE FOR A DISCOUNTED FEE

Dog is or has been:

- Spayed or Neutered
- 9 months old or less, not required to be altered for discounted fee
- Advanced in years or has a medical condition preventing the dog from being Spayed or Neutered
(Signature of Veterinarian required below)

- Used or intended to be used for breeding or show
(Breed registry # or signature of Veterinarian required below)

- Used or intended to be used for hunting
(Owner's hunting license number required below)

Please consider donating to enrich the lives of dogs and provide low cost spay, neuter and other services for animals in the care of the Franklin County Dog Shelter & Adoption Center.

- Round up your fee to \$20
- Other \$ _____
- I would like to volunteer at the Shelter & Adoption Center.

