

You may purchase annual dog licenses online or at the following agencies located in Franklin County:

- Franklin County Auditor's Office - 614-525-3260
- Franklin County Dog Shelter - 614-525-DOGS (3647)

A complete list of licensing locations is available online at www.franklincountyauditor.com

* Three year and permanent license are only available either online at www.franklincountyauditor.com, or at the Franklin County Auditor's Office, or the Franklin County Dog Shelter & Adoption Center.

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

- Write the current rabies tag number issued by the vet on the line provided.
- Dogs younger than three months of age can be licensed without having a rabies vaccination.
- Sign and date the application before mailing to our office.
- Please call for the total fees and 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.

													FOR OFFICE USE ONLY									
DOG'S AGE		SEX *	COLOR(S)							HAIR												
YRS	MOS	M F N or 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/ SHORT	BREED OF DOG		PET NAME		FEE	PENALTY	TOTAL FEE	NEW TAG NO.				
RABIES TAG NUMBER <i>(Issued by Veterinarian):</i>																						
* SEX choose- M=Male F=Female N=Male Neutered S=Female Spayed																						
MICROCHIP # <i>(If applicable)</i>										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. Primary Phone # _____ Secondary Phone # _____ Email Address (Optional) _____ Signature of Applicant _____ Date Signed _____												
Street Address Include Apartment or Lot Number _____																						
City _____ State _____ Zip Code _____																						

CHECK ONLY ONE BOX BELOW AS APPLICABLE FOR A DISCOUNTED FEE

Dog is or has been: No discount applicable.

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.

- \$5 \$10 \$20 Other _____
- I would like to volunteer at the Shelter & Adoption Center.