

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)
- Capital Area Humane Society - 614-777-PETS (7387)

A complete list of licensing locations is available online at [www.franklincountyauditor.com](http://www.franklincountyauditor.com)

\* Three year and permanent license are only available either online at [www.franklincountyauditor.com](http://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](mailto: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 # _____			
Street Address Include Apartment or Lot Number _____																			Email Address (Optional) _____			
City _____ State _____ Zip Code _____																			Signature of Applicant _____ Date Signed _____			

**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.