

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.

													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 _____										Primary Phone # _____				Secondary Phone # _____						
Street Address Include Apartment or Lot Number _____										Email Address (Optional) _____										
City _____ State _____ Zip Code _____										Signature of Applicant _____				Date Signed _____						
										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.										

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.

\$5 \$10 \$20 Other _____

I would like to volunteer at the Shelter & Adoption Center.