

You may purchase annual, three year and permanent dog licenses online at [www.franklincountyauditor.com](http://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](mailto: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 21<sup>st</sup> 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? _____																											
Owner's First Name _____ MI _____ Last Name _____ Street Address Include Apartment or Lot Number _____ City _____ State _____ Zip Code _____										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 _____																				

**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.