

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:

DOG REGISTRATION

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)

FOR OFFICE USE ONLY

Franklin County Dog Shelter

& Adoption Center

? Questions ?

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

Make sure you:

Please print and complete

all information:

- 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

APPLICATION FOR FRANKLIN COUNTY 20.

COLOR(S)

2 3 4 5 6

· Mail this application with payment to:

DOG'S AGE EX*

(Owner's hunting license number required below)

AUD-Dog License Application - Counter (Rev. 4-2019)

Franklin County Auditor - Dog Licensing Section, 373 S. High Street 21st Fl., Columbus, OH 43215-6317

Please check one only: One Year Three Years Permanent

HAIR

	BIES #: ed by Veterinarian):	YRS	MOS	B H		N S	A C K	H T E	R A Y	R N D L	A N	R O W N	H E R	Medium Short	BREED OF DOG	PET	NAME	FEE	PENALTY	DONATION	TOTAL FEE	
* <i>EX:</i> \	V=Veterinarian B=Breed	d H=	Hun	ting	g S	EX.	N=	Neu	tere	d S	=Spa	ye	1									
MICI	ROCHIP # (If applicat	ble)							lf ·	vou	acqu	ired	l the	doa this	year, what date?		_					
	If the dog moved into Ohio the													0	vear, what date?			Issued by Deputy or Agent				
	I the undersign alty of perjury															ner, Keeper or ormation is tru	or Harborer of ue and accura	the dog te to the	listed abore best of m	ve, declare u y knowledge	under pen-	
Owner's First Name MI								Last Name							Primary Phone #			Secondary Phone #				
	Street Add	dress	Inclu	ide A	Apartme	ent c	or Lo	t Nur	nber							Email Address (Optional)						
	City State						е	Zip Code							Signature of	Signature of Applicant			Date Signed			
Dog	APPLICABLE FOR A DISCOUNTED FEE is or has been:																Please consider donating to enrich the lives					
Dog	Dog is or has been:																Please consider donating to enrich the lives of dogs and provide low cost spay, neuter and					
	Spayed or Neutered															other services for animals in the care of the						
	9 months old or less, not required to be altered for discounted fee															Fra	Franklin County Dog Shelter & Adoption Center.					
	Advanced in years or has a medical condition preventing the dog from being Spayed or Neutered (Signature of Veterinarian required below)														-	☐ Round up your fee to \$20 ☐ Other \$						
	Used or intended to be used for breeding or show (Breed registry # or signature of Veterinarian required below)														-	☐ I would like to volunteer at the Shelter & Adoption Center.						
	Used or intended to	be ı	used	l foi	r hunt	tina										-		7	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	ı		