



Application for Replacement Dog License

Please fill out the below information in order to request a replacement for a lost dog license. Be sure to provide accurate information so that the license number can be obtained. A fee of \$5 is due for each replacement dog license. You will receive your new license by mail to the address provided.

<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; border-bottom: 1px solid black;">Owner's First Name</td> <td style="width: 5%; border-bottom: 1px solid black;">MI</td> <td style="width: 30%; border-bottom: 1px solid black;">Last Name</td> <td style="width: 35%; border-bottom: 1px solid black;">Owner ID (If Known)</td> </tr> <tr> <td colspan="4" style="border-bottom: 1px solid black; text-align: center;">Street Address (include Apartment or Lot Number)</td> </tr> <tr> <td style="border-bottom: 1px solid black; text-align: center;">City</td> <td style="border-bottom: 1px solid black; text-align: center;">State</td> <td colspan="2" style="border-bottom: 1px solid black; text-align: center;">Zip Code</td> </tr> </table>	Owner's First Name	MI	Last Name	Owner ID (If Known)	Street Address (include Apartment or Lot Number)				City	State	Zip Code		<p style="font-size: small;">I the undersigned Owner, Keeper, or Harboring of the dog(s) listed below, declare under penalty of perjury the information is true and accurate to the best of my knowledge.</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-bottom: 1px solid black; text-align: center;">Primary Phone #</td> <td style="width: 50%; border-bottom: 1px solid black; text-align: center;">Secondary Phone #</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black; text-align: center;">Email Address (Optional)</td> </tr> <tr> <td style="border-bottom: 1px solid black; text-align: center;">Signature of Applicant</td> <td style="border-bottom: 1px solid black; text-align: center;">Date Signed</td> </tr> </table>	Primary Phone #	Secondary Phone #	Email Address (Optional)		Signature of Applicant	Date Signed
Owner's First Name	MI	Last Name	Owner ID (If Known)																
Street Address (include Apartment or Lot Number)																			
City	State	Zip Code																	
Primary Phone #	Secondary Phone #																		
Email Address (Optional)																			
Signature of Applicant	Date Signed																		

If requesting more than 4 replacement dog licenses, please submit an additional form.

BREED OF DOG	PET NAME	RABIES TAG NUMBER (IF KNOWN)	LICENSE NUMBER (IF KNOWN)

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

Make sure you:

- 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



FRANKLIN COUNTY AUDITOR MICHAEL STINZIANO

373 South High Street | 21st Floor | Columbus, Ohio 43215

T (614) 525.HOME | C (614) 219.9224 | auditorstinziano@franklincountyohio.gov | franklincountyauditor.com