



BRENDA MOSSBARGER FAYETTE COUNTY AUDITOR

133 S MAIN STREET, SUITE 303
WASHINGTON COURT HOUSE, OHIO 43160

OFFICE HOURS
8:00 AM - 4:00 PM
Weekdays
(740) 335-6461

INSTRUCTIONS FOR FAYETTE COUNTY DOG LICENSES:

IT'S THE LAW (ORC 955.01)
All dogs three months of age or older must be licensed. No dog shall be harbored, kept, or owned without displaying a valid registration tag. (The law applies regardless of whether the dog is kept inside or out.)

***** TO AVOID \$14 PENALTY (PER TAG), PLEASE PURCHASE YOUR TAG(S) ON OR BEFORE JANUARY 31. Ohio Revised Code CHANGED in regards to licensing. Be sure to read this application and review your options. Three (3) year and Permanent tags can only be purchased on-line, by mail, or in person at the Auditor's office. *****

| 2024 LICENSE FEES | | | |
|-------------------|---------|---------|-----------|
| | 1 YR | 3 YR | Permanent |
| Before Jan 31st | \$14.00 | \$42.00 | \$140.00 |
| After Jan 31st | \$28.00 | \$56.00 | \$154.00 |

ON-LINE

Register your dog on-line at www.doglicenses.us/OH/Fayette. Credit card payments only; a per dog processing fee applies, see website for pricing. To access your pre-filled form you will need your Account ID and Password listed below.

Account ID:

Password:

BY MAIL

- 1 - Complete this form. Be sure the correct owner, street address, and pet description(s) appear on all applications.
- 2 - Use this form to register 1 to 5 dogs. Please list any additional dogs on a separate sheet of paper and return it with this form. Ohio law requires a license for every dog more than 3 months old.
- 3 - **Before January 31, licensing rate for a one year tag is \$14.00 per dog.** Enclose a check or money order for the correct fees payable to: **Fayette County Auditor**. Please do not send cash. Your application cannot be processed without the correct fees. Statutory late penalty increases the licensing rate to **\$28.00 per dog AFTER January 31.**
- 4 - Please return the application, check or money order, and a self-addressed stamped envelope. A receipt will be returned to you with your 2024 license tag(s).

| Customer Receipt | |
|------------------|--|
| Tags Issued | _____ |
| | _____ |
| | _____ |
| Total Paid | _____ |
| | Check <input type="checkbox"/> Cash <input type="checkbox"/> |
| Date Sold | _____ |
| Agent Initials | _____ |

IN PERSON

You may purchase tag(s) in person at the locations listed below. You must bring your renewal form with you.

**** One (1) year tags at any location, three (3) year and permanent tags ONLY at Auditor's Office ****

Fayette County Auditor's Office
133 S Main Street, Suite 303
Washington C.H. OH 43160

Fayette County Dog Shelter
1550 Robinson Rd.
Washington C.H. OH 43160

Buckley Brothers
1024 Leesburg Ave.
Washington C.H. OH 43160

Certificates of registration and registration tags shall be valid only during the CALENDAR YEAR or YEARS for which they are issued. ORC Sec 955.09.

Color Codes: BL=Black; WH=White; GR=Gray; BD=Brindle; TA=Tan; BR=Brown; YE=Yellow; RE=Red

Term Codes: 1=1 Year Tag; 3=3 Year Tag; P=Permanent Tag

BRENDA MOSSBARGER, COUNTY AUDITOR

APPLICATION for the registration of dog(s) for the year 2024

133 S MAIN STREET, SUITE 303; WASHINGTON COURT HOUSE, OHIO 43160

| Age | | Sex (M/F) | Spay/ Neut | Color | | | | | | | | Hair (S/M/L) | Breed | Dog Name | Term (1/3/P) | Fee Paid | Penalty | --- Office Use --- | |
|-----|-----|--------------|---------------|-------|----|----|----|----|----|----|----|-----------------|-------|----------|-----------------|----------|---------|--------------------|-------------------|
| YRs | MOs | | | BL | WH | GR | BD | TA | BR | YE | RE | | | | | | | 2023 License # | 2024 License # |
| | | | | | | | | | | | | | | | | | | | |
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A penalty shall be assessed if Dog License is not secured on or before January 31, or within 30 days after the dog becomes 3 months of age, is acquired, or is brought from outside the state. ORC Sec 955.01, 05.

The undersigned says that the facts indicated above ARE TRUE.

Owner Information

Name: _____

Street Address: _____

Mailing Address: _____
if different (e.g. P.O. Box)

City: _____ State: _____ ZipCode: _____

Signature of Applicant _____

Date Signed _____

Phone # _____ Email _____

Deputy or Agent _____