

# TIFFANY RIDGEWAY JACKSON COUNTY AUDITOR

226 E. MAIN STREET, SUITE 5 JACKSON, OHIO 45640 OFFICE HOURS 8:00 AM - 4:00 PM Monday - Friday (740) 286-4231

#### INSTRUCTIONS FOR JACKSON 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.)

2025 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/Jackson. Credit card payments only; \$2.15/license processing fee applies. 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. Dogs may be registered for a 1 year or 3 year term, or permanently. Choose your "Term" and fill in "Fee Paid" based on the fee structure at the top of the page. 3 Year and Permanent License may <u>only</u> be purchased by mail or in person at the Jackson County Auditor's office. **Multi-year tags are non-refundable and cannot be transferred to a different dog.**
- 2. Use this form to register 1 to 5 dogs. If you have more than 5 dogs, please list them on a separate sheet of paper and return it with this form to the Jackson County Auditor's Office. Ohio law requires a license for every dog more than 3 months old.
- 3. Enclose a check or money order for the correct fees payable to: **Jackson County Auditor**. Please do not send cash. **Before January 31**, one year licensing rate is \$14.00 per dog. **After January 31**, statutory late penalty increases the licensing rate to \$28.00 per dog.
- 4. Please return the application, check or money order, and a self-addressed stamped envelope to the Jackson County Auditor's Office, 226 E. Main Street, Ste 5, Jackson. A receipt will be returned to you with your 2025 license tag(s).

#### IN PERSON

You may purchase the tag(s) in person at the Jackson County Auditor's Office, 226 E. Main Street, Ste 5, Jackson, or at any of the convenient locations listed below. **Please bring the attached form when purchasing tags.** 

County Commissioner's Office County Dog Warden Midway Quick Mart Main Express 25 South St. 248 Reservoir Rd. 137 E. Huron St. 116 N. Front St Jackson, OH 45640 Jackson, OH 45640 Jackson, OH 45640 Oak Hill, OH 45656 (740) 286-3301 (740) 288-7777 (740) 286-7262 (740) 682-7355 Paws A While Kennel The Detour Animals Unlimited Mt. Zion Animal Clinic 640 Mt. Zion Rd. 6797 Four Mile Rd 7575 St Rt 327 3512 Mt. Zion Rd. Wellston, OH 45692 Jackson, OH 45640 Jackson, OH 45640 Jackson, OH 45640 (740) 288-7297 (740) 384-4767 (740) 286-8035 (740) 286-1024

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**APPLICATION for the registration of dog(s) for the year 2025

226 E. MAIN

TIFFANY RIDGEWAY, Jackson County Auditor 226 E. MAIN STREET, SUITE 5; JACKSON, OHIO 45640

Αg	ge	Sex	Spayed /				Co	lor				Hair	Breed	Term	Fee Paid	Penalty	Office Use	
			Neutered	BL	WH	GR	BD	TA	BR	YE	RE			(1/3/P)			2024 License #	2025 License #
	,																	

Vet/Clinic:														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.											
Owner Information													T	The undersigned says that the facts indicated above ARE TRUE.							
Jame:													Si	Signature of Applicant							
tunat Addusca																					

 Name:
 Signature of Applicant

 Street Address:
 Date Signed

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

 Phone #
 Email

 City:
 State:
 ZipCode:

 Deputy or Agent
 Deputy or Agent