

E.J. CONN jefferson county auditor

301 Market St, 4th Fl PO Box 159 Steubenville, OH 43952 www.jeffersoncountyoh.com OFFICE HOURS Mon - Fri: 8:30am - 4:30pm **740-283-8511**

INSTRUCTIONS FOR JEFFERSON COUNTY DOG LICENSES:

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. (ORC 955.01)

2025 LICENSE FEES										
Unaltered	1 YR	3 YR	Permanent							
Before Jan 31st	\$20.00	\$60.00	\$200.00							
After Jan 31st	\$40.00	\$80.00	\$220.00							
*Spayed/Neutered	1 YR	3 YR	Permanent	Dangerous						
Before Jan 31st	\$10.00	\$30.00	\$100.00	\$50.00						
After Jan 31st	\$20.00	\$40.00	\$110.00	\$100.00						

ON-LINE

Register your dog on-line at **www.doglicenses.us/OH/Jefferson**. Only credit card payments accepted and a per dog processing fee applies. To access your pre-filled form use the Account ID and Password below.

Account ID: Password:

BY MAIL

- 1. Complete and sign this form. Be sure the owner, street address, and pet description(s) are correct.
- 2. To register more than five dogs, use additional blank forms which are available at www.doglicenses.us/OH/Jefferson.
- 3. Enclose a check or money order for the correct fees payable to **Jefferson County Auditor**. Do not send cash. Before January 31, the licensing rate for a one year tag is \$20.00 per dog*. After January 31, statutory late penalty increases the licensing rate to \$40.00 per dog. Your application cannot be processed without the correct fees.
- 4. Return the application, check or money order, and self-addressed stamped envelope.

IN PERSON

Tags may be purchased in person at the Jefferson County Auditor's Office, 301 Market St, 4th Fl, Steubenville. Please bring this completed form when purchasing tags.

* Qualifying for Discounted Rates

The dog licensing fee for the Spayed/Neutered discount is \$10.00 per dog on or before January 31 and \$20.00 per dog thereafter. Proof is required on the initial registration for a discount. To qualify for the discount your dog must meet one of the following criteria.

- 1. Spayed/Neutered. Indicate in "Spay/Neuter" field below.
- 2. Advanced in years or has a medical condition preventing it being spayed/neutered. Indicate in "Adv/Med".
- 3. Used or intended to be used for breeding, showing, or hunting. Indicate in "Breed/Shw/Hnt".
- 4. Nine months or younger. As indicated in "Age, YRs/MOs" fields.

If you no longer own any dogs, please notify the Auditor's Office.

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

1 611	erin Coues. 1–1 Tear Tag, 3–3 Tear Tag, 1–1 erinanent Tag																E.J. CO	DNN. Jeffe	erson Cou	unty Auditor
APP	LICA	TION	I for th	ne regi	stration of	of d	og(s) for	r the	e yea	ar 20)25			301 Mark	et St, 4th Fl;		· ·		2
A	ge	Sex	Spay/	Adv/	Breed/				Co	lor				Hair	Hair Durad	Dee News	Term	Fee Paid	Develter	Office Use
YRs	MOs	(M/F)	Neuter	Med	Shw/Hnt	BL	WH	GR	BD	TA	BR	YE	RE	(S/M/L)	Breed	Dog Name	1-3-P	Fee Paid	Penalty	2025 License #
			I, the undersigned, declare the facts indicated here are true.									ıe.	Total Fee Paid		\$					
Owner Information													Signatu	e of Applicant		Total Penalty		\$		
Name:														Date Signed					Total License Fee	
Street Address:								Phone 2												
Mailing Address:													Email							
City:State:ZipCode:													Deputy or Agent							