



# JILL THOMPSON ATHENS COUNTY AUDITOR

15 S. COURT STREET, Rm 330  
ATHENS, OHIO 45701  
www.athenscountyauditor.org

OFFICE HOURS  
MON-FRI: 8:00 AM - 4:00 PM  
(740) 592-3223

## INSTRUCTIONS FOR ATHENS COUNTY DOG LICENSES:

### ON-LINE

Register your dog on-line at [www.doglicenses.us/OH/Athens](http://www.doglicenses.us/OH/Athens). Only credit card payments accepted; a per dog 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 and Sign 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. If you have more than 5 dogs, please list them on a separate application which can be acquired at [www.athenscountyauditor.org](http://www.athenscountyauditor.org) or by calling the Athens County Auditor's Office at (740-592-3223) and return it with this form. Ohio law requires a license for every dog more than 3 months of age.
3. Enclose a check or money order for the correct fees payable to: **Athens County Auditor**. **DO NOT SEND CASH**. **Before January 31**, licensing rate is **\$24.00 per dog\***. **After January 31**, statutory late penalty increases the licensing rate to **\$48.00 per dog\***. Your application cannot be processed without the correct fees.
4. Please return the application, check or money order, and self-addressed stamped envelope. A receipt will be enclosed with your 2012 license tag(s).

### IN PERSON

Tags may be purchased in person at the Athens County Auditor's Office, 15 S. Court St. Rm 330, Athens, OH 45701 or the Athens County Dog Shelter, 13333 S.R. 13, Chauncey, OH 45719. Please bring the attached form when purchasing tags.

### \*Spayed/Neutered Discount

If your dog qualifies for the spayed/neutered discount, the dog license fee is \$14 per dog before January 31 and \$28 per dog after January 31. To qualify for the discount, your dog must meet one of the criteria below.

1. Spayed or Neutered. (Indicate in "Spay/Neuter" field below)
2. Advanced in years or has a medical condition preventing the dog from being spayed or neutered. (Indicate in "Adv/Med" field below)
3. Used or intended to be used for breeding, showing, or hunting. (Indicate in "Breed/Shw/Hnt" field below)
4. 9 months or younger. (Indicate in "Age" field below)

### New

If you or your dog moved into Ohio within the last 30 days, or you purchased/acquired the dog in the last 30 days, indicate so in "30 days" field below.

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

JILL THOMPSON, Athens County Auditor  
15 S. COURT ST., Rm 330; ATHENS, OH 45701

APPLICATION for the registration of dog(s) for the year 2012

| Age |     | Sex<br>(M/F) | Spay/<br>Neuter | Adv/<br>Med | Breed/<br>Shw/Hnt | Color |    |    |    |    |    |    |    | Hair<br>(S/M/L) | Breed | Dog Name | 30<br>Days | Fee Paid | Penalty | --Office Use--<br>2012<br>License # |
|-----|-----|--------------|-----------------|-------------|-------------------|-------|----|----|----|----|----|----|----|-----------------|-------|----------|------------|----------|---------|-------------------------------------|
| YRs | MOs |              |                 |             |                   | BL    | WH | GR | BD | TA | BR | YE | RE |                 |       |          |            |          |         |                                     |
|     |     |              |                 |             |                   |       |    |    |    |    |    |    |    |                 |       |          |            |          |         |                                     |
|     |     |              |                 |             |                   |       |    |    |    |    |    |    |    |                 |       |          |            |          |         |                                     |
|     |     |              |                 |             |                   |       |    |    |    |    |    |    |    |                 |       |          |            |          |         |                                     |
|     |     |              |                 |             |                   |       |    |    |    |    |    |    |    |                 |       |          |            |          |         |                                     |

|   |  |   |                |    |               |    |                   |    |
|---|--|---|----------------|----|---------------|----|-------------------|----|
| Vet/Clinic: _____<br><br><b>Owner Information</b><br>Name: _____<br>Street Address: _____<br>Mailing Address: _____<br><small>if different (e.g. P.O. Box)</small><br>City: _____ State: _____ ZipCode: _____ | I the undersigned, Owner, Keeper, or Harbored of the dog(s) listed above, declare under penalty of perjury that the information is true and accurate to the best of my knowledge.<br><br>Signature of Applicant _____<br>Date Signed _____<br>Phone # _____ Email _____<br>Deputy or Agent _____ | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Total Fee Paid</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>Total Penalty</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>Total License Fee</td> <td style="text-align: right;">\$</td> </tr> </table> | Total Fee Paid | \$ | Total Penalty | \$ | Total License Fee | \$ |
| Total Fee Paid  | \$   |   |                |    |               |    |                   |    |
| Total Penalty   | \$   |   |                |    |               |    |                   |    |
| Total License Fee   | \$   |   |                |    |               |    |                   |    |