

**Julie Shellhammer**  
**Allen County Dog Warden**  
In Person  
1165 Seriff Rd  
Lima, OH 45805  
419-223-8528

Dog Warden Office Hours:  
9:00 AM - 5:00 PM

**Rachael S. Gilroy**  
**Allen County Auditor**  
Drop Box & Online Only  
301 N. Main St  
Lima, OH 45801  
419-228-3700 x8802

**INSTRUCTIONS FOR ALLEN 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.)

**ON-LINE**

Register your dog on-line at [www.doglicenses.us/OH/Allen](http://www.doglicenses.us/OH/Allen). Credit card payments only; \$2.50/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 / DROP BOX (Courthouse) / IN PERSON (Dog Warden's Office)**

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. If you have more than 5 dogs, please list them 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. Enclose a check or money order for the correct fees payable to: **Allen County Treasurer**  
**After January 31**, statutory late penalty increases the licensing rate for one year to **\$44.00 per dog**. Your application cannot be processed without the correct fees.
4. Please return the application, exact payment, and a self-addressed stamped envelope in the enclosed return envelope. A receipt will be returned to you with your 2026 license tag(s).

Please consider making a donation to our Spay & Neuter Fund. This enables procedures for dogs housed at our facility and to Allen County residents that need assistance with their pet. **Please remit a separate check for your donation to Allen County Treasurer.** Thank you!

Dogs may be registered for a 1 year or 3 year term, or permanently. Complete each line of the application for your dog(s). In particular, choose your "Term" (1 Year, 3 Year, or Permanent -- see term codes below) and fill in "Fee Paid" based on the fee structure to the right of this paragraph. **No Refunds Permitted**

| 2026 LICENSE FEES |         |         |           |
|-------------------|---------|---------|-----------|
|                   | 1 YR    | 3 YR    | Permanent |
| Before Jan 31st   | \$22.00 | \$66.00 | \$220.00  |
| After Jan 31st    | \$44.00 | \$88.00 | \$242.00  |

Certificate of registration and registration tags shall be valid only during the CALENDAR year IN which they are issued, AND 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

APPLICATION for the registration of dog(s) for the year 2026

ALLEN COUNTY DOG WARDEN  
1165 SERRIFF RD; LIMA, OH 45805

| Age        |     | Sex<br>(M/F) | Color |    |    |    |    |    |    |    |  |  | Hair<br>(S/M/L) | Breed | Dog Name   | Term<br>(1/3/P) | Fee Paid | Penalty | --- Office Use --- |                   | no longer<br>owned |  |  |  |                   |  |    |
|------------|-----|--------------|-------|----|----|----|----|----|----|----|--|--|-----------------|-------|--|-----------------|----------|---------|--------------------|-------------------|--------------------|--|--|--|-------------------|--|----|
| YRs        | MOs |              | BL    | WH | GR | BD | TA | BR | YE | RE |  |  |                 |       |  |                 |          |         | 2025<br>License #  | 2026<br>License # |                    |  |  |  |                   |  |    |
|            |     |              |       |    |    |    |    |    |    |    |  |  |                 |       |  |                 |          |         |                    |                   |                    |  |  |  |                   |  |    |
|            |     |              |       |    |    |    |    |    |    |    |  |  |                 |       |  |                 |          |         |                    |                   |                    |  |  |  |                   |  |    |
|            |     |              |       |    |    |    |    |    |    |    |  |  |                 |       |  |                 |          |         |                    |                   |                    |  |  |  |                   |  |    |
|            |     |              |       |    |    |    |    |    |    |    |  |  |                 |       |  |                 |          |         |                    |                   |                    |  |  |  |                   |  |    |
|            |     |              |       |    |    |    |    |    |    |    |  |  |                 |       |  |                 |          |         |                    |                   |                    |  |  |  |                   |  |    |
| TOTAL DUE: |     |              |       |    |    |    |    |    |    |    |  |  |                 |       | 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. |                 |          |         |                    |                   |                    |  |  |  | Total Fee Paid    |  | \$ |
|            |     |              |       |    |    |    |    |    |    |    |  |  |                 |       | The undersigned says that the facts indicated above ARE TRUE.  |                 |          |         |                    |                   |                    |  |  |  | Total Penalty     |  | \$ |
|            |     |              |       |    |    |    |    |    |    |    |  |  |                 |       | Signature of Applicant _____   |                 |          |         |                    |                   |                    |  |  |  | Total License Fee |  | \$ |

**Owner Information**

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZipCode: \_\_\_\_\_

Date Signed \_\_\_\_\_

Phone # \_\_\_\_\_ Email \_\_\_\_\_

Deputy or Agent \_\_\_\_\_