

LINDA BICE AUGLAIZE COUNTY AUDITOR

209 S. BLACKHOOF ST., STE 102 WAPAKONETA, OHIO 45895 OFFICE HOURS 8:00 AM - 4:30 PM Weekdays (419) 739-6705

INSTRUCTIONS FOR AUGLAIZE 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.)

2026 dog licenses go on sale December 1st.

ON-LINE

Register your dog on-line at www.doglicenses.us/OH/Auglaize. Credit card payments only; a per license 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:

IN PERSON OR 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. If you have more than 5 dogs, please come in or call the Auditor's office as discounts are available for the 6th dog and above. 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: **Auglaize County Treasurer**. Please do not send cash. NSF checks will be charged an additional admin fee. See chart below for license fees.
- 4. Please return the application with a check or money order. A receipt will be returned to you with your license.

You may purchase the tag(s) in person at the Auglaize County Auditor Office, 209 S. Blackhoof St., Suite 102, Wapakoneta, OH. Please bring the attached form when purchasing tags.

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.

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 | | | | | | | |
| Dec 1, 2025 - Jan 31, 2026 | \$20.00 | \$60.00 | \$200.00 | | | | | | | |
| After Jan 31st | \$40.00 | \$80.00 | \$220.00 | | | | | | | |

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)

LINDA BICE, Auglaize County Auditor 209 S. BLACKHOOF ST., STE 102; WAPAKONETA, OH 45895

| L | Αg | ge | Sex | Spay/ | | | | C | olor | | | | Hair (S/M/L) | Breed | Dog Name | Term | Fee Paid | Denalts | Office Use | | |
|----------|-----|-----|-------|-------|----------|----------|----------|----------|----------|----------|----------|----------|-----------------|-------|----------|---------|-----------|---------|-------------------|-------------------|--|
| | /Rs | MOs | (M/F) | Neut | BL | WH | GR | BD | TA | BR | YE | RE | (S/M/L) | Bleed | Dog Name | (1/3/P) | ree r aiu | Tenanty | 2025 License # | 2026 License # | |
| Γ | | | | | | | | | | | | | | | | | | | | | |
| Г | | | | | | | | | | | | | | | | | | | | | |
| \vdash | | | | | \vdash | \vdash | | \vdash | | \vdash | \vdash | \vdash | | | | | | | | | |
| \vdash | _ | | | | ⊢ | \vdash | \vdash | \vdash | \vdash | ┢ | ⊢ | _ | | | | | | | | | |
| \vdash | | | | | _ | _ | | ⊢ | | _ | _ | | | | | | | | | | |
| 1 | | | | I | I | l | ı | ı | I | | I | Ī | l | | | I | | | | | |

| A penalty within 30 outside the | days a | ifter t | he do | g beco | omes | 3 m | | | | |
|---------------------------------------|--------|---------|-------|--------|------|-----|------|------|--|---|
| | - | | | | | | | | | _ |

| Owner Information | The undersigned says that the facts indicated above ARE TRUE. |
|--|---|
| 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 |