



JON A. SLATER, JR. FAIRFIELD COUNTY AUDITOR

210 EAST MAIN STREET
LANCASTER, OHIO 43130

OFFICE HOURS
8:00 AM - 4:00 PM, Weekdays
(740) 652-7020
(740) 652-7025

INSTRUCTIONS FOR FAIRFIELD 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.)

2018 LICENSE FEES

Unaltered	1 YR	3 YR	Permanent
Before Jan 31st	\$30.00	\$90.00	\$300.00
After Jan 31st	\$60.00	\$120.00	\$330.00
*Spayed/Neutered	1 YR	3 YR	Permanent
Before Jan 31st	\$20.00	\$60.00	\$200.00
After Jan 31st	\$40.00	\$80.00	\$220.00

ON-LINE

Register your dog on-line at www.co.fairfield.oh.us. Credit card payments only; License processing fee applies. 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, address, phone number 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. If you no longer own the dog(s) please mark through the appropriate line below and return the form so we can update our records.
4. Please return the application, check or money order for the correct fees (see below), and a self-addressed stamped envelope in the enclosed return envelope. **After January 31**, statutory late penalty increases the licensing rate for one year tags in the amount equal to the registration fee. Your application cannot be processed without the correct fees. Please do not send cash. A receipt will be returned to you with your 2018 license tag(s).

You have the option to purchase a three year or a permanent tag which are only available through the Auditor's office.

Multi-year tags are non-refundable and cannot be transferred to a different dog. Please contact the Auditor's office for further information.

You may purchase the one year tag(s) in person at the Fairfield County Auditor's Office, 210 East Main Street, Lancaster or at the Dog Shelter, 1715 Granville Pike (St Rte 37), Lancaster. Please bring the attached form when purchasing tags.

Dogs may be registered for terms of 1 year, 3 year, or permanent. 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 above. 3 Year and Permanent Licenses may only be purchased online, by mail, or in person at the Fairfield County Auditor's office. **No Refunds Permitted!**

***Spayed/Neutered Discount**

- 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. (Vet signature required)
 3. Used or intended to be used for breeding, showing, or hunting. (Breed registry number, hunting license number, or vet signature required)
 4. 9 months or younger. (Indicate in "Age" field below)

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

Term Codes: 1=1 Year Tag; 3=3 Year Tag; P=Permanent Tag

JON A. SLATER, JR., County Auditor
210 EAST MAIN STREET; LANCASTER, OH 43130

APPLICATION for the registration of dog(s) for the year 2018

Age		Sex (M/F)	Spay/ Neuter	Adv/ Med	Breed/ Shw/Hnt	Color								Hair (S/M/L)	Breed	Rabies #	Term (1/3/P)	Fee Paid	Penalty	--Office Use-- 2018 License #
YRs	MOs					BL	WH	GR	BD	TA	BR	YE	OT							

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.

TOTAL DUE:

(Make check payable to: Fairfield County Auditor)

Owner Information

Name: _____

Street Address: _____

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

City: _____ State: _____ ZipCode: _____

The undersigned says that the facts indicated above ARE TRUE.

Signature of Applicant _____

Date Signed _____

Phone # _____ Email _____

Deputy or Agent _____