

SARAH THORNE KNOX COUNTY AUDITOR

117 EAST HIGH STREET, SUITE 120 **MOUNT VERNON, OHIO 43050**

OFFICE HOURS 8:00 AM - 4:00 PM, Mon - Fri Closed Weekends & Holidays (740) 393-6805

INSTRUCTIONS FOR KNOX 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.)

Instructions for how to acquire a dog license

ON-LINE	BY MAIL (No Cash)	IN PERSON
Go to www.doglicenses.us/OH/Knox and enter the following: Account ID: Password:	 Complete/review the information below to ensure it is correct. Mail this document, a check or money order (made payable to Knox County Treasurer) to: 	Visit the County Auditor's Office at: 117 East High Street, Suite 120 Mt. Vernon From 8:00am to 4:00pm Monday through Friday
	Knox County Auditor Dog Licenses 117 East High Street, Suite 120 Mt. Vernon, OH 43050	Or the Knox County Dog Shelter at: 285 Columbus Rd, Mt. Vernon Monday through Saturday 10:00am to 4:00pm

***A penalty shall be assessed if a Dog License is not secured on or before January 31, or within 30 days after the dog becomes three months of age, is acquired, or is brought from outside the state. ORC Sec 955.01,05.

Dogs may be registered for 1 year, 3 year, or permanently. Complete each line of the application for your dog(s). In particular, choose your license duration and fill in "Fee Paid" based on the fee structure to the right of this paragraph. No Refunds Permitted

2025 LICENSE FEES							
	1 YR	3 YR	Permanent				
Before Feb 1st	\$20.00	\$60.00	\$200.00				
After Jan 31st	\$40.00	\$80.00	\$220.00				

Certificate of registration and registration tags shall be valid only during the calendar year or years for which they are issued. ORC Sec 955.09.

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

SARAH THORNE, County Auditor 117 E. HIGH ST., STE 120; MT. VERNON, OH 43050

A	ge	Sex				Co	lor				Hair	Droad	Fee Paid Penalty		Office Use	
	MOs	(M/F)	BL	GR	BR	RE	TA	YE	WH	OT	(S/M/L)	Breed	ree Paid	Penanty	2024 License #	2025 License #

Do ani

if different(e.g. P.O. Box)

_____ State: _____ Zip Code:____

Street Address:__ Mailing Address: _

APPLICATION for the registration of dog(s) for the year 2025

Donation to the Animal Care Fund to help support the homeless	DONATE HERE
animals of Knox County	
Owner Information	The unders

Donati	\$			
Total F	ees, Penalty	\$		

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The undersigned says that the facts indicated above ARE TRUE.						
Signature of Ap	oplicant					
Date Signed						
Phone #		Email				