

SANDUSKY COUNTY DOG WARDEN KELLY POCOCK

1950 COUNTRYSIDE PLACE FREMONT, OHIO 43420 (419) 334-2372 www.SanduskyCountyDogKennel.com OFFICE HOURS Monday - Friday 8:00 AM - 5:00 PM Closed Weekends

INSTRUCTIONS FOR SANDUSKY COUNTY 2024 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

(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/Sandusky/. Credit card payments only; \$2.50 per dog processing fee applies. To access your pre-filled form you will needyour Account ID and Password listed below.

BY MAIL Account ID: Password:

- 1. Complete this form. Be sure the correct owner, street address, and pet description(s) appear on the application.
- 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 contact our office or mark through the appropriate line below and return the form so we can update our records.
- 4. Enclose a check or money order for the correct fees payable to: **Sandusky County Dog Warden**. Please do not send cash. **On or before January 31**, the one year licensing fee is \$20.00 per dog. After January 31, statutory late penalty increases the licensing fee to \$40.00 per dog. If by mail, please include \$1.00 for postage. Your application cannot be processed without the correct fees.
- 5. Please return the application and check or money order. A receipt will be returned to you with your 2024 license tag(s). Save Paper! Send this entire sheet back. We will return the top portion as your receipt.

| IN | PERSON | |
|----|--------|--|
| | | |

You may purchase tag(s) in person at the locations listed on the back of this sheet.

come in injured or need emergency assistance. Thank you for your generosity!

__ State: _____ ZipCode: ____

We now have smaller tags for small dogs, available to be purchased **ONLY** at the Dog Warden's Office.

| Official Use Only |
|-------------------|
| Date Received: |
| Auditor Agent: |
| Tag Info: |
| |
| |

| Certificates of registration and registration tags shall be | valid o | nly during the CALENDAR YEA | AR or YEARS for w | hich they ar | e issued. Ol | RC Sec 95 | 55.09. |
|---|-----------|--|----------------------|--------------|-----------------------------|-------------|-----------|
| 3-Year and Permanent licenses will only be so | old at th | ne Dog Warden's Office. 3- | Year cost is \$60. | 00 and Pe | rmanent C | Cost is \$ | 200.00. |
| *** <u>DO NOT DETACH</u> , MAIL OI | R BRI | NG THIS ENTIRE FO | RM WHEN P | URCHA | SING T | 'AGS * | ** |
| Color Codes: BL=Black; WH=White; GR=Gray; BD= | =Brindle | e; TA =Tan; BR =Brown; YE =Ye | llow; RE =Red | | | | |
| APPLICATION for the registration of dog(s) for the ye | ar 2024 | | | | Sandusky C tryside Pl; F | | C |
| Age Sex Spay / Color | Hair | Breed | Dog Name | Fee | Penalty - | Office Use- | no longer |

DONATIONS play a big role in our success! Please consider making a donation to our Sick Dog Fund. This fund provides care to dogs that

[] Sick Dog Fund: \$

| Sex Spay | | | Coloi | | | | | | | | Breed | Dog Name | Fee | Penalty | 2024 | , , | no ionger [| | |
|-------------------|------|--------------------|--------|----|----|----|----|----|----|----|-------|----------|--|----------|----------|------------|-----------------|----|-------|
| YRs | MOs | (M/F) | Neuter | BL | WH | GR | BD | TA | BR | YE | RE | (S/M/L) | Breed | Dog Name | ree | remanty | 2024 License | # | owned |
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| Vet/Clinic: | | | | | | | | | | | | | A penalty shall be assessed if Dog Licenwithin 30 days after the dog becomes 3 n | Total I | Fee Paid | \$ | | | |
| Owner Information | | | | | | | | | | | | | from outside the state. ORC Sec 955.01, 05. The undersigned says that the facts indicated above ARE TRUE. | | | | | \$ | 1.00 |
| Name: | | | | | | | | | | | | | Signature of Applicant | | | | Fee | \$ | |
| treet | Addr | ess: | | | | | | | | | | | Phone # | Email | | | | | |
| | | dress: P.O. Box | x) | | | | | | | | | | Emergency # | | Amount | Enclosed , | | | |

Date Rec'd ___