



MATT NOLAN WARREN COUNTY AUDITOR

Renewal Deadline: January 31st
Order Online!
www.wcauditor.org

OFFICE HOURS
7:30 AM - 4:30 PM
Weekdays
(513) 695-1240

406 JUSTICE DRIVE
LEBANON, OHIO 45036

2025 Dog License Registration

Name
Address
Apt/PO Box
City/State/Zip

Instructions:

- * Print dog owner's name(s), dog's physical address and best contact phone numbers. Please fill out both sections.
- * Check pre-printed information and make changes as necessary.
- * Determine the term of your dog license -
1 yr, 3 yr (good through Dec. 2027), or Permanent License.

If you no longer have the dog(s), please call the office to remove the dog from our mailing list or cross the dog off below and write Deceased or Dog Gone next to the dog.

New Dog Deadline: 30 Days after acquiring
New Puppy Deadline: Before they turn 4 months old
Dogs New to Ohio: Need to register within 30 days
Penalty after January 31st \$15.00 per dog

Age		Sex (M/F)	Spay/ Neut	Color										Hair (S/M/L)	Breed	Dog Name	Fee Paid	Penalty	Bone Tag (+\$5)	Dog Owner's Copy	
YRs	MOs			BL	WH	GR	BD	TA	BR	YE	RE	GD	--- Office Use ---							2024 License #	2025 License #

Do Not Tear Apart Application - Please Return the Entire Form

2025 Warren County Dog Registration, Matt Nolan, Warren County Auditor (513) 695-1240

Hair Codes: S=Short; M=Medium; L=Long;

Color Codes: BL=Black; WH=White; GR=Gray; BD=Brindle; TA=Tan; BR=Brown; YE=Yellow; RE=Red; GD=Gold

Age		Sex (M/F)	Spay/ Neut	Color										Hair (S/M/L)	Breed	Dog Name	Fee Paid	Penalty	Bone Tag (+\$5)	Auditor's Copy	
YRs	MOs			BL	WH	GR	BD	TA	BR	YE	RE	GD	--- Office Use ---							2024 License #	2025 License #

I, the undersigned Keeper or Harbored, hereby tender the legal fees for Registration of the Dog(s) described on this form.

Owner Information

Name: _____

Street Address: _____

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

City: _____ State: _____ ZipCode: _____

Signature _____

Contact Phone 1. _____ 2. _____

Vet Clinic _____

Email _____

----- AGENT / OFFICE USE ONLY -----	
Issue Date _____	Total Payment _____
Agent _____	Type / Check # _____

