

Application for Dog Registration

Phone Number: _____
 For our records only so we may contact you if your dog is found.

Owner of Dog _____ Address _____

Email: _____ City, State, Zip _____

I, the undersigned, Owner, Keeper, Harboring, hereby tender the legal fees and apply for the registration, for the year **2012** of the dogs over three months of age, described below:

AGE	SEX M/F	Black	White	Gray	Brindle	Tan	Brown	Yellow	Long Hair	Med Hair	Short Hair	BREED IF KNOWN	Fees Paid	Date Acquired	Tag Assigned

License Fee \$14.00 per tag. Please make your checks payable to the Clermont County Treasurer and mail completed application to Clermont County Auditor's Office, 101 E. Main Street, Batavia, Ohio 45103

Ohio Law requires ALL dogs THREE months of age or older to be licensed annually (ORC 955.01)
 Penalty after Jan. 31st : Price Doubles (ORC 955.01) All license fees go directly to the operation of the Humane Society for the rescue, care & housing of the community's lost and homeless animals.

 Signature: _____ Date