## **Clermont County Dog License Form**

To obtain additional forms you can go online to clermontcounty.docupet.com/offline.

Unless otherwise specified, this form must be completed in its entirety.



Contact Ir	nformation										
First Name					Last Name						
Email Address (Op	otional: required for online	account)									
Telephone			Phone Type  O Home O Mobile O Work			DOB (MM/DD/YYYY					
Mailing Ad	ddress										
Street Number	Street Name					Unit or Apartment		City		ZIP Code	
If your mailing	address is not the th	e physical address	for your pet, y	you must com	plete the Physica	l Address s	section bel	ow.			
Physical A	Address										
Street Number	Street Name					Unit or Apartment		City		ZIP Code	
Dog Infori	mation										
Dog's Name					Dog's Breed				Dog's DOB (MM/DD/YYYY)		
Sex			No Microchipped O Yes		○ No	If yes, provide microchip number					
Color Veterinary Clinic				Tag Size	Small (0.86 inches) Carge (1.25 inches)						
_	icense \$160.00 nse - 1 Year \$16.00				○ Dog Licen	se - 3 Yea	r \$48.00				
Payment d	& Donation										
Yes! I want to help more pets in my community find a safe and happy home. I want to make a donation of $$5\ \ \ $10\ \ \ $25\ \ \ $50$									Sum Received		
Payment Type  Check								Ψ			

## Who do I make a check out to?

Please make checks payable to Clermont County Treasurer.

Where do I mail this form?

Clermont County Auditor ATTN: Dog License 101 E Main St Batavia OH 45103