

The fields on this application can be filled out by simply typing in the boxes

Application for Dog Registration for the Year **2024**

Application No _____

DOG'S NAME	DOG AGE		SEX M=MALE F=FEMALE	COLOR								HAIR		BREED OF DOG	NEW DOG Y - N	CURRENT FEE	PENALTY	SPAY/ NEUTERED Y - N	RABIES DATE IF KNOWN	THIS YEARS TAG
	YR	MO		Black	White	Gray	Brindle	Tan	Brown	Red	Gold	Long	Short							

Trumbull County
Martha C. Yoder, Auditor

To the Auditor of Trumbull County, Ohio, I the undersigned, Keeper or Harboree, hereby tender the legal fees for Registration of the Dog(s) described on this form.

OWNER PHONE _____

OWNER NAME _____

LAST FIRST INITIAL

ADDRESS STREET APT. NO.

CITY STATE ZIP CODE

**ALL DOG LICENSES ARE
\$18.00 EACH UNTIL
JANUARY 31, 2024**

SIGNATURE

OF APPLICANT _____

DATE
SIGNED _____

DEPUTY
OR AGENT _____

Please fill out form and mail with payment to the following address:

Trumbull County Auditor
160 High St. N.W.
Warren, Ohio 44481
Attn: Dog License Division