



**JOHN A. DONOFRIO, FISCAL OFFICER**  
**DOG LICENSE APPLICATION**

FISCAL OFFICE SERVICES DEPARTMENT  
1030 E. TALLMADGE AVE. AKRON, OH 44310  
330-630-7226



1. Complete this form in its entirety, enclose payment and mail to 1030 E. Tallmadge Ave. Akron, OH 44310.
2. Each license requires a separate dog application. Ohio law requires a license for every dog more than 3 months old.
3. Dogs older than six months must be vaccinated for rabies before a license may be issued.
4. Tags will be mailed with your copy of the processed application or to obtain your licenses the same day please stop by our office at 1030 E. Tallmadge Ave. Akron, OH 44310.
5. Dog License(s) must be purchased by January 31 or within 30 days of acquiring a new dog to avoid the statutory \$8.00 penalty.

**Choose One:**  **New**  **Renew**

<p><b>DOG INFORMATION</b></p> <p>Breed of Pet _____</p> <p>Age: ____ Year ____ Month Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>Hair Color: (Check all that apply)</p> <p><input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Tan</p> <p><input type="checkbox"/> Red <input type="checkbox"/> Gray <input type="checkbox"/> Brown</p> <p>Hair Length: <input type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long</p> <p>Has the dog been spayed or neutered? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Has the dog been vaccinated for rabies? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Comments _____</p> <p>_____</p>	<p><i>* Owner information must be completed and signed in its entirety *</i></p> <p><b>OWNER INFORMATION (Please Print)</b></p> <p>Property Address _____</p> <p>City _____ Zip _____</p> <p>Mailing Address (if different from property) _____</p> <p>_____</p> <p>City _____ State _____ Zip _____</p> <p>I, _____ hereby certify (Print Owner's Name)</p> <p>the above information is true and accurate.</p> <p><b>X</b></p> <p>OWNER'S SIGNATURE _____ DATE _____</p> <p><b>OPTIONAL</b></p> <p>Phone: _____ eMail: _____</p>
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**\$8.00 FEE PER DOG LICENSE**

<b>STOP IN OUR SERVICES DEPARTMENT</b>		<b>PLEASE MAKE CHECK PAYABLE TO:</b>	
Fiscal Office Services Department 1030 E. Tallmadge Ave. Akron, OH 44310 330-630-7226		Fiscal Officer John A. Donofrio Ohio Building Room 320 175 S. Main St. Akron, OH 44308	
(Please Do Not Enclose cash)		<b>PAYMENT TYPE</b>	
		<input type="checkbox"/> CHECK	<input type="checkbox"/> MONEY ORDER
		<b>ENCLOSED AMOUNT</b>	

e-mail: [summittreas@summitoh.net](mailto:summittreas@summitoh.net)  
Website: [www.co.summit.oh.us/fiscaloffice](http://www.co.summit.oh.us/fiscaloffice)  
Phone: 330-630-7226