



Debra J. Nye
MUSKINGUM COUNTY AUDITOR

Service Dog Registration

Name: _____ **Address:** _____
Phone #: _____
Email: _____

Dog Information

Name: _____ **Age:** _____
Sex: Male Female **Spay/Neuter:** Yes No
Breed: _____ **Hair Length:** Short Med Long
Color: Black White Gray Brindle Tan Brown Yellow Red

Qualifications

Per Ohio Revised Code 955.011, "Registration for guide, leader, hearing or support dogs to be free and permanent."

Section (A) states "When an application is made for registration of an assistance dog and the owner can show proof by certificate or other means that the dog is an assistance dog, the owner of the dog shall be exempt from any fee for the registration."

I assert that my dog qualifies as a guide, leader, hearing, or support dog. _____
Initial

My dog has a certificate of training to be a guide, leader, hearing, or support dog. _____
Initial

My dog was trained by: _____
Please attach a copy of your dog's certificate of training.

Signature _____
Date

County Auditor Information

Service Dog Tag Assigned: _____ **Date:** _____ **Processed by:** _____