

Trumbull County Application for:

OHIO ASSISTANCE DOG – PERMANENT REGISTRATION

Permanent Tag # _____

Owner or Trainer: _____

Address of Applicant: _____

City, State, Zip Code: _____

Phone #: _____ Alternate phone#: _____

To the Auditor of Trumbull County, Ohio

I, _____, the undersigned (Owner/Trainer), tender proof that the dog hereinafter described; has been trained and certified, or is in training to be, certified as the following type of assistance dog, pursuant to R.C. 955.011, et seq. (Mark One):

___ **Guide Dog** - Trained or is in training to assist a blind person.

___ **Hearing Dog** - Trained or is in training to assist a deaf or hearing-impaired person.

___ **Service Dog** - Trained or is in training to assist a mobility impaired person.

Name of Dog: _____ Age: _____ Sex: _____

Microchip#: _____ Breed: _____

Color: _____ Hair length: _____

Rabies #: _____ Expires: _____

Veterinary Clinic: _____ Phone #: _____

Training, Certification: (Attach Copy) _____

Nonprofit Special Training Agency: _____

Period of Training: from: _____ to: _____

THE APPLICANT STATES THAT THE FACTS HEREIN GIVEN ARE TRUE

Signature of Applicant: _____ Date: _____

Signed in my presence this _____ day of _____, 20_____

Auditor Rep.: _____ Print Name: _____