

Kennel Application Print Checklist

Header. Verify the correctness of the following items:

- | | | |
|--|---------------------------------------|---|
| <input type="checkbox"/> Logo (verify print quality) | <input type="checkbox"/> County name | <input type="checkbox"/> Website address (if included) |
| <input type="checkbox"/> Auditor's name | <input type="checkbox"/> Phone number | <input type="checkbox"/> Email address (if included) |
| <input type="checkbox"/> Auditor's address | <input type="checkbox"/> Office hours | <input type="checkbox"/> Correct header for envelope stock
(confirm with your 3 rd party printer, if using) |

Text & Instructions. Verify the correctness of the following sections/items:

- Address folds correctly into your envelopes
- ON-LINE**
- | | |
|---|--|
| <input type="checkbox"/> Website address (double check in browser!) | <input type="checkbox"/> Account ID readable (for online kennel sales) |
| <input type="checkbox"/> Online convenience fee (if included) | <input type="checkbox"/> Password prints & is readable (for online kennel sales) |
- BY MAIL**
- | | |
|--|---|
| <input type="checkbox"/> Payable party for checks/money orders | <input type="checkbox"/> Licensing rate for regular fee |
| <input type="checkbox"/> Licensing deadline | <input type="checkbox"/> Licensing rate for penalty |
- Overall instructions. Note number of dogs, inclusion of return envelope, reference to additional inserts, etc.
- IN PERSON**
- | | |
|---|---|
| <input type="checkbox"/> Address for in person registration, Auditor's Office | <input type="checkbox"/> Address for in person registration, Shelter (optional) |
|---|---|
- SPECIAL INSTRUCTIONS (if applicable)**
- | | |
|---|--|
| <input type="checkbox"/> Overall instructions | <input type="checkbox"/> Referenced fields appear on app and named correctly |
|---|--|

Application. Verify the correctness of the following items:

- | | | |
|--|--|--|
| <input type="checkbox"/> Auditor's name | <input type="checkbox"/> Year of application (top left or right) | <input type="checkbox"/> Deputy or Agent signature area (optional) |
| <input type="checkbox"/> Auditor's address | <input type="checkbox"/> Signature block fields | <input type="checkbox"/> Barcode & OCR information (optional) |
| <input type="checkbox"/> County name | | |
- All necessary fields appear on the application. May include, but not limited to:

Required Fields	Optional Fields
Breeds Kept	Vendor #
Num Males	
Num Females	

Pre-Filled Data on Application. Verify the correctness of the following items ON MULTIPLE APPLICATIONS!!

- | | |
|---|--|
| <input type="checkbox"/> Owner Address (including city, state, zip) | <input type="checkbox"/> Amount Due (optional) |
| <input type="checkbox"/> Owner Account ID (5 digit alpha/numeric) | <input type="checkbox"/> OCR layout (optional) |
- All necessary fillable fields appear and are **filled** on the application. May include, but not limited to:

Required Fields	Optional Fields
Breeds Kept	Email Address
Phone Number (located in signature block)	(located in signature block)

Fairfield Computer Services, LLC is not responsible for the correctness of the final print applications. By signing below, you attest you have reviewed and approve the final print applications. Please indicate the batch generation time from the results.txt file.

County, State	Name / Signature	Title	Batch generation date/time	Date
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