

# Dog 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<br>(confirm with your 3 <sup>rd</sup> party printer, if using) |

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

- ☐ Address folds correctly into your envelopes (typically the address at the top of the application)

### ON-LINE

- |   |  |
|---|--|
| <input type="checkbox"/> Website address (double check in browser!) | <input type="checkbox"/> Account ID readable           |
| <input type="checkbox"/> Online convenience fee (if included)       | <input type="checkbox"/> Password prints & is readable |

### 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     |
| <input type="checkbox"/> 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"/> Color code key (matches application grid?) |
| <input type="checkbox"/> Auditor's address  | <input type="checkbox"/> Signature block fields                  | <input type="checkbox"/> Deputy or Agent signature area (optional)  |
| <input type="checkbox"/> County name  |  | <input type="checkbox"/> Barcode & OCR information (optional)       |
| <input type="checkbox"/> All necessary fields appear on the application. May include, but not limited to: |  |   |

Required Fields		Optional Fields		
Age Y/M	Breed	Spayed/Neutered	Vet/Clinic	Total Penalty
Sex	Fee Paid	Rabies Number	Is Vaccinated	Total License Fee
Colors	Penalty	Dog Name	Previous License #	Postage Fee
Hair	New License # (blank)	Term (1-3-P)		Total Fee Paid

## 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) |
| <input type="checkbox"/> All necessary fillable fields appear and are <b>filled</b> on the application. May include, but not limited to: |  |

Required Fields		Optional Fields	
Age Y/M	Breed	Spayed/Neutered	Previous License #
Sex	Fee Paid	Dog Name	Postage Fee
Colors	Phone Number	Term (1-3-P)	
Hair	(located in signature block)	Is Vaccinated	

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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