



OHIO STATE COSMETOLOGY AND BARBER BOARD

To protect and support the public through regulation and education, while promoting the integrity of the cosmetology and barbering industries.

1929 GATEWAY CIRCLE GROVE CITY, OHIO 43123

PHONE: (614) 466-3834 WWW.COS.OHIO.GOV

Pet Exemption Application

FEE: N/A

Business Name			
Business Address	City	State	Zip
Name of Business Owner		Business License Number	
Type of Pet	Name of Pet		
I am the business owner and owner of the pet: ___ Yes ___ No			

Required Documents:

- A photograph of the pet.
- A copy of general liability or an equivalent insurance policy which contains sufficient coverage for any action taken by the animal identified in this application.
- Official Vaccine Record **OR** Notarized Veterinarian Affidavit
- Notarized Pet Owner Affidavit

NOTE: Any pet granted an exemption under this rule will be required to be kept away from the immediate area where services are being performed.



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VETERINARIAN AFFIDAVIT

I _____, hereby swear or affirm that _____
(Veterinarian) (Name of Pet)

is in good health and is current on all appropriate vaccinations and related medical treatment.

I swear or affirm that all information above is true and accurate to the best of my knowledge and belief.

Signature of Veterinarian

Date

Notary Seal

Subscribed in my presence and sworn to before me this _____ day of _____, 20 ____

Notary Public (Commission expiration date required)

PET OWNER AFFIDAVIT

I _____, hereby swear or affirm that _____
(Pet Owner) (Name of Pet)

would not be a danger to the general health, safety and/or welfare of the public.

I swear or affirm that all information contained in this request is true and accurate to the best of my knowledge and belief.

Signature of Pet Owner

Date

Notary Seal

Subscribed in my presence and sworn to before me this _____ day of _____, 20 ____

Notary Public (Commission expiration date required)