

Derek Householder

Perry County Auditor

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INSTRUCTIONS FOR PERRY COUNTY KENNEL LICENSES:

ORC 955.02 defines a KENNEL as an establishment that keeps, houses, and maintains adult dogs for the purpose of breeding the dogs for a fee or other consideration received through a sale, exchange, or lease and that is not a high volume breeder.

IN PERSON OR BY MAIL

1. Complete this form. Be sure the correct kennel owner and street address appear on all applications.
2. List the breeds kept, along with the number of males and females over 3 months of age for each breed.
3. Enclose a check or money order for the correct fees payable to: Perry County Auditor. Please do not send cash. Before February 1, licensing rate is \$80.00 for the first 5 tags and \$1.00 for each additional tag. After January 31, statutory late penalty increases the licensing rate to \$160.00 for the first 5 tags. Your application cannot be processed without the correct fees.
4. Please return the application, check or money order, and a self-addressed stamped envelope in the enclosed return envelope. A receipt will be returned to you with your 2025 license tag(s).

Tags may be purchased in person at the County Auditor's Office. Please bring the attached form when purchasing tags.

Certificate of registration and registration tags shall be valid only during the CALENDAR year IN which they are issued, AND DURING THE CALENDAR YEAR OR YEARS FOR WHICH THEY ARE ISSUED. ORC Sec 955.09.

APPLICATION for the registration of a Kennel for the year 2025

Breeds Kept	# Males	# Females

DEREK W. HOUSEHOLDER, County Auditor
 212 S. MAIN ST., PO BOX 127; NEW LEXINGTON, OH 43764

License	# Tags	Fee Paid	Penalty	Total
Kennel License	--- 5 ---	\$80.00		
Add'l Tags (optional)		\$1.00 (each)	-----	
--- Office Use: 2025 License #s ---				

A penalty in an amount equal to the registration fee shall be assessed if Kennel License is not secured on or before January 31, or within 30 days after the person becomes the owner of such kennel. ORC Sec 955.04, 05.

The undersigned says that the facts indicated above ARE TRUE.

Vendor License #: _____

Owner Information

Name: _____

Street Address: _____

Mailing Address: _____
if different (e.g. P.O. Box)

City: _____ State: _____ ZipCode: _____

Signature of Applicant _____

Date Signed _____

Phone # _____ Email _____

Deputy or Agent _____