ROBERT L. BENROTH
PUTNAM COUNTY AUDITOR

245 E. MAIN STREET, STE 201
OTTAWA, OHIO 45875

OFFICE HOURS
Mon-Fri: 8:30 AM - 4:30 PM
(419) 523-6686

INSTRUCTIONS FOR PUTNAM COUNTY KENNEL LICENSES:

ORC 955.01 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.

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. **BEFORE JANUARY 31, LICENSING RATE IS $80.00 FOR 5 TAGS and $1.00 for each additional tag.** Enclose a check or money order for the correct fees payable to: **Putnam County Auditor**. Please do not send cash. Your application cannot be processed without the correct fees. Statutory late penalty increases the licensing rate to **$160.00 for 5 tags AFTER January 31**.
4. Please return the application, check or money order, and a self-addressed stamped envelope. A receipt will be returned to you with your 2026 license tag(s).

IN PERSON

Tags may be purchased in person at the Putnam County Auditor's Office, 245 E. Main Street, Ste 201; Ottawa, OH 45875. Please bring the attached form when purchasing licenses. Payment methods: cash, checks, and money orders.

Certificates of registration and registration tags shall be valid only during the CALENDAR YEAR for which they are issued. ORC Sec 955.09.

APPLICATION for the registration of a Kennel for the year 2026

Breeds Kept	# Males	# Females

License	# Tags	Fee Paid	Penalty	Total
Kennel License	--- 5 ---	$80.00		
Add'l Tags (optional)		$1.00 (each)	----------	
--- Office Use: 2026 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.

Owner Information

Name: _____

Street Address: _____

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

City: _____ State: _____ ZipCode: _____

The undersigned says that the facts indicated above ARE TRUE.

Signature of Applicant _____ Date Signed _____

Phone 1 _____ Phone 2 _____

Email _____