

MATTHEW W. GEARHARDT
MIAMI COUNTY AUDITOR
 201 WEST MAIN STREET
 TROY, OHIO 45373



OFFICE HOURS
 8:00 AM - 4:00 PM
 Weekdays
 (937) 440-5944

INSTRUCTIONS FOR MIAMI 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.

Instructions for how to acquire a kennel license SALES BEGIN 12/1/2024

BY MAIL (No Cash)	IN PERSON
<ul style="list-style-type: none"> Complete/review the information below to ensure it is correct. List the breeds kept, along with the number of males and females over three months of age for each breed. Mail this document, a check or money order (made payable to Miami County Animal Shelter) to: <div style="text-align: center;">Miami County Animal Shelter 1110 N. County Rd. 25-A Troy, OH 45373</div> 	<p>Visit the Animal Shelter at: 1110 N. County Rd. 25-A, Troy Mon, Tues, Fri: 10am-4pm Wednesday: 10am-6pm Saturday: 10am-2pm</p>

***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.

Certificate of registration and license(s) shall be valid only 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

Matthew W. Gearhardt, Miami County Auditor
 201 West Main St. Troy, OHIO 45373

License	# Tags	Fee Paid	Penalty	Total
Kennel License	--- 5 ---	\$100.00		
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.

Total Fee Paid	\$
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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 _____