

**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"> <li>Complete/review the information below to ensure it is correct.</li> <li>List the breeds kept, along with the number of males and females over three months of age for each breed.</li> <li>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> </li> </ul>	<p><b>Visit the Animal Shelter at:</b>            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 ---				

**Owner Information**

Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
if different(e.g. P.O. Box)  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZipCode: \_\_\_\_\_

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Total Fee Paid	\$
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Signature of Applicant \_\_\_\_\_  
 Date Signed \_\_\_\_\_  
 Phone # \_\_\_\_\_ Email \_\_\_\_\_  
 Deputy or Agent \_\_\_\_\_