

AMY L. BERNING

SHELBY COUNTY AUDITOR

129 EAST COURT STREET
SIDNEY, OHIO 45365

OFFICE HOURS

8:30 AM - 4:30 PM,
MON. - THURS.
8:30 AM - NOON, FRI.
(937) 498-7202

INSTRUCTIONS FOR SHELBY COUNTY KENNEL LICENSES:

IT'S THE LAW (ORC 955.02)

A kennel means an establishment that keeps, houses, and maintains adult dogs, as defined in section 956.01 of the Revised Code, 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 licensed under Chapter 956.01 of the Revised Code.

Kennel tags can **ONLY** be purchased at the Shelby County Animal Shelter

Location: 610 Gearhart Rd, Sidney

Hours: Monday - Friday 9:00 AM - 5:00 PM Saturday 9:00 AM - 1Noon

Phone: 937-498-7201

INSTRUCTIONS

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. Payment may be made by check or money order for the correct fees payable to: **Shelby County Animal Shelter.**
Before January 31, licensing rate is **\$100.00 for the first 5 tags and \$1.00 for each additional tag.** **After January 31**, statutory late penalty increases the licensing rate to **\$200.00 for the first 5 tags.** Your application cannot be processed without the correct fees.
4. Please bring this form when purchasing tags.

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

----- TEAR HERE -----

AMY L BERNING, Shelby County Auditor
129 EAST COURT STREET, SIDNEY, OHIO 45365

Application for the registration of kennel for the year 2026

Breeds Kept	# Males	# Females

License	# Tags	Fee paid	Penalty	Total
Kennel License	---5---	\$100.00		
Add'l Tags (optional)		\$1.00		

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 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: _____ Zip Code: _____

The undersigned says that the facts indicated above ARE TRUE

Signature of Applicant _____

Date Signed _____

Phone # _____ Email _____

Deputy or Agent _____