



2026 HAMILTON 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.

ON-LINE

Renew your kennel on-line at www.doglicenses.us/OH/Hamilton. Only credit card payments accepted; \$3.90 kennel and \$1.00 per extra tag processing fee applies. Please note, processing fees are in addition to the regular licensing rates listed below. To access your pre-filled form you will need your Account ID and Password listed below. Log in and return to the homepage to renew.

Account ID:

Password:

IN PERSON OR BY MAIL

1. Licenses may be purchased in person at the Hamilton County Auditor's Office, 138 E. Court St. Room 304. Please bring the attached form with cash or check when coming into the office. **OFFICE HOURS MON-FRI: 7:30 AM - 4:00 PM**
2. License may be purchased by mail by sending this application, with a check or money order made payable to the Hamilton County Auditor, in the enclosed return envelope. A receipt will be enclosed with your 2026 license tag(s).

CERTIFICATE OF REGISTRATION AND LICENSE SHALL BE VALID ONLY DURING THE CALENDAR YEAR OR YEARS FOR WHICH THEY ARE ISSUED (ORC SEC 955.09).

The \$95 kennel fee includes five individual dog tags. Each additional tag costs \$1 each.

DO NOT SEND CASH.

After January 31, 2026, the statutory penalty increases the price of each kennel license to \$190.

NO REFUNDS PERMITTED.

APPLICATION for the registration of a Kennel for the year 2026

Breeds Kept	# Males	# Females

Hamilton County Auditor
138 E. COURT ST., RM 304; CINCINNATI, OH 45202

License	# Tags	Fee Paid	Penalty	Total
Kennel License	--- 5 ---	\$95.00		
Add'l Tags (optional)		\$1.00 (each)	-----	
--- Office Use: 2026 License #s ---				

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.

Email: _____

Provide an email address to opt in to electronic correspondence regarding dog licensing only.

Signature: _____

Date Signed: _____ Phone #: _____