

Permanent Tag #

MUSKEGON COUNTY - DOG LICENSE APPLICATION

Michigan Law requires all dogs 4 months and older to be licensed. Also all newly acquired dogs must be licensed within 30 days. The due date for purchasing you dog's license is linked with the month of your dog's rabies vaccination. To apply for a dog license:

1. Fill out the application
2. Attach a copy of the current rabies vaccination certificate from the veterinarian.
3. Attach a copy of the spay/neuter certificate, if applicable
4. Include payment

Owners Information

Today's Date _____

Name: _____ Owners Date of Birth _____

Address: _____ City & Zip _____

Phone: _____

Dog's Information

Name: _____ Birth Date: _____ Sex(circle) M F Neutered

Breed/Type: _____ Color(s) _____

Rabies Expiration Date: _____ If this dog is new, date you acquired it: _____

Signature of Applicant _____

Dog License Fees	1 year License	3 year License	Late Fees
<u>Male/Female- not neutered</u>	\$50.00 <input type="checkbox"/>	\$150.00 <input type="checkbox"/>	In order to be eligible for the 3 year license, the rabies vaccine MUST be valid for the ENTIRE 3 years of the license A license is considered late if not purchased in the same MONTH that the rabies expires. The late fee is \$5 for the first month and \$10 per month for each additional month late
<u>Senior Citizen (62 or older) not neutered</u>	\$25.00 <input type="checkbox"/>	\$75.00 <input type="checkbox"/>	
<u>Spayed/Neutered</u>	\$15.00 <input type="checkbox"/>	\$45.00 <input type="checkbox"/>	
<u>Puppy License (4-7 months)</u>	\$15.00 <input type="checkbox"/>	N/A	
<u>Service Dog</u>	No Charge		
License Fee _____	Late Fee _____	Amount Enclosed _____	

MUSKEGON COUNTY TREASURER

173 E Apple Ave Ste 104
Muskegon MI 49442
Phone: (231)724-6261 Fax: (231)724-6549

Muskegon County Dog License Certificate

Expires

Dog Name: _____

Breed: _____

Sex: _____

Description: _____

Rabies Exp. Date: _____

Permanent Tag # _____

Owner Name _____

Address _____

City & Zip _____

Date Sold: _____

Sold By: _____

Amount Paid: _____ Cash Check # _____