

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"/>	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		

In order to be eligible for the 3 year license, the rabies vaccine MUST be valid for the ENTIRE 3 years of the license

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: \_\_\_\_\_

Owner Name \_\_\_\_\_

Breed: \_\_\_\_\_

Address \_\_\_\_\_

Sex: \_\_\_\_\_

City & Zip \_\_\_\_\_

Description: \_\_\_\_\_

Rabies Exp. Date: \_\_\_\_\_

Permanent Tag # \_\_\_\_\_

Date Sold: \_\_\_\_\_

Sold By: \_\_\_\_\_

Amount Paid: \_\_\_\_\_ Cash  Check  # \_\_\_\_\_