MASON COUNTY TREASURER

MASON COUNTY COURTHOUSE ▪ 304 E. LUDINGTON AVENUE ▪ SUITE 104
LUDINGTON, MICHIGAN 49431-2121

TELEPHONE: 231 843-8411 ▪ FACSIMILE: 231 843-9485
AKMETZ@MASONCOUNTY.NET ▪ WWW.MASONCOUNTY.NET

MASON COUNTY DOG LICENSE APPLICATION

EFFECTIVE JANUARY 1, 2011, ALL DOG LICENSES EXPIRE AT THE END OF THE MONTH IN WHICH THE RABIES VACCINATION IS GIVEN.

MICHIGAN LAW REQUIRES ALL DOGS FOUR (4) MONTHS OF AGE OR OLDER TO BE LICENSED. A PERSON WHO ACQUIRES A DOG THAT IS FOUR (4) MONTHS OR OLDER IN AGE MUST OBTAIN A DOG LICENSE WITHIN THIRTY (30) DAYS OF ACQUIRING THE DOG. A VALID RABIES VACCINATION IS A REQUIREMENT TO OBTAIN A LICENSE.

OWNER'S NAME(S): _____ TELEPHONE: _____

STREET ADDRESS: _____ TOWNSHIP/CITY: _____

POST OFFICE: _____

MAILING ADDRESS*: _____ * IF DIFFERENT FROM STREET ADDRESS

POST OFFICE: _____

DOG'S NAME: _____ BIRTH YEAR: _____ MONTH: _____

BREED: _____ COLOR: _____

LICENSE FEE:

	MALE OR FEMALE		**UNSEXED (SPAYED OR NEUTERED)**	
(CIRCLE APPROPRIATE FEE)	1 YEAR LICENSE	3 YEAR LICENSE*	1 YEAR LICENSE	3 YEAR LICENSE*
LICENSED DOG BEFORE DUE DATE	$20.00	$60.00	$10.00	$30.00
LICENSED DOG AFTER DUE DATE	$40.00	$80.00	$40.00	$60.00
NEW DOG WITHIN 30 DAYS	$20.00	$60.00	$10.00	$30.00
NEW DOG AFTER 30 DAYS	$40.00	$80.00	$40.00	$60.00

*RABIES VACCINATION MUST EXPIRE IN 2025 IN ORDER TO BE ELIGIBLE FOR A THREE (3) YEAR LICENSE.

SPAY/NEUTER CERTIFICATION MUST BE PRESENTED AT TIME OF LICENSE PURCHASE IN ORDER TO OBTAIN THE REDUCED LICENSE FEE. CERTIFICATION NEED NOT BE PRESENTED IF THE RABIES VACCINATION CERTIFICATE INDICATES THAT THE DOG HAS BEEN SPAYED OR NEUTERED.

A COPY OF A VALID RABIES VACCINATION CERTIFICATE INDICATING THE OWNER'S NAME, DOG'S NAME, VACCINATION INNOCULATION & EXPIRATION DATES, TAG NUMBER AND VETERINARIAN'S NAME & ADDRESS MUST BE SUBMITTED WITH THE APPLICATION. CERTIFICATES WILL BE RETURNED WITH THE LICENSE.

APPLICATION IS HEREIN MADE TO THE MASON COUNTY TREASURER FOR A MASON COUNTY DOG LICENSE. I HEREBY CERTIFY THAT TO THE BEST OF MY BELIEF AND KNOWLEDGE THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS CORRECT.

DATE: _____ _____
SIGNATURE

AMOUNT ENCLOSED: $ _____

INCOMPLETE APPLICATIONS WILL BE RETURNED