NEWAYGO COUNTY TREASURER'S OFFICE PO BOX 885, WHITE CLOUD, MI 49349

Phone: (231) 689-7230 Fax: (231) 689-7292

Email: jasonc@co.newaygo.mi.us

DOG LICENSE APPLICATION

For information on microchip implants or tattoo identification, please contact your local vet or visit: www.akccar.org or www.HomeAgain.com

Name: Email: Address: City, State, Zip:	Email: ddress:		If you need further assistance, please contact us at: (231) 689-7230	
	DOG LICENSE	APPLICAT	<u>ION</u>	
Please chec	ck one of the following options:		Unsexed Check Cost ✓	Sexed Check Cost ✓
Purchasi	ng a 1 year license	1 year	\$8.00	\$20.00
	ng a 3 year license**	3 year	\$24.00	\$60.00
Dog Name: Sex/Class: Dog Breed: Age: THE COUNTY R	EQUIRES A LATE FEE of \$10 TO BE CH MONTH YOUR DOG'S RABIE (PLEASE SEE EX	S VACCINATIO	N WAS GIVEN!	
or mail the	w rabies certificate and spayed/neutered c m to the address at the top of this applicat https://www.govpaynov es vaccination was given on 1/31/2015 an	on. If you wish to w.com/gps/user/	pay online, you may /plc/9161	do so by visiting
January. 2. If your rabi December.	es vaccination was given on 12/31/2015 a	nd expires 12/31	/2016, you need to rer	new your license in
NOTE: THE M	IONTH OF RENEWAL IS THE SAME MO	MTH AS VOUD	RARIES VACCINIATIO	ON WAS GIVEN
Select payment ty		MIII AS TOUR	Check (enclosed)	JIV WAS GIVEN.

Thank You!