

Application for Kennel License

Please fill out and return to:

**Newaygo County Animal Control
P.O. Box 885
White Cloud, Michigan 49349**

1. Name: _____
(please print)

2. Address: _____

3. Telephone Number: Area Code () _____

4. Township and Section Number: _____

5. Kennel Name: _____

Address: _____

6. Type of Kennel (Number of Dogs) **Circle One:**

A. 4 – 10 dogs B. 11 – 20 dogs C. 20 or more dogs D. Boarding Dogs

\$10.00 license fee \$25 license fee \$25.00 license fee \$30.00

\$40.00 inspection fee \$75.00 inspection fee \$125.00 inspection fee

Total Fee: \$50.00 \$100.00 \$150.00 \$30.00

7. Number of adult dogs presently in the kennel: _____

Number of puppies presently in the kennel: _____

(TO BE COMPLETED BY ANIMAL CONTROL)

This office states that this department did inspect a dog kennel belonging to : _____

This office finds that the kennel does comply with the provision of State Laws; This office recommends that a kennel license be issued to the above kennel.

Inspection Date: _____

Inspected by Animal Control Officer: _____