

MACKINAC COUNTY TREASURER

Jennifer E. Goudreau

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MACKINAC COUNTY ANIMAL LICENSING

DOG OWNER NAME: _____

DOG OWNER ADDRESS: _____

DOG OWNER CITY & STATE & ZIP: _____

DOG OWNER TOWNSHIP OR CITY: _____

DOG OWNER PHONE NUMBER: _____

NAME OF DOG: _____

BREED OF DOG: _____

COLOR & MARKINGS OF DOG: _____

DOG HAIR: LONG SHORT

DOG GENDER: MALE FEMALE UNSEXED

DOG DATE OF BIRTH/MONTH & YEAR: _____

VETERINARIAN OR ANIMAL CLINIC: _____

RABIES VACCINE NUMBER: _____

EXPIRATION DATE: _____

FEES:

SEXED \$7.00

UNSEXED \$5.00

TO RECEIVE A DOG LICENSE, PLEASE MAIL THIS FORM, ALONG WITH YOUR CHECK OR MONEY ORDER, TO THE ADDRESS ABOVE. **YOU MUST INCLUDE A COPY OF YOUR DOG'S PROOF OF RABIES.**

PLEASE USE ONE (1) FORM FOR EACH DOG