

# Instructions for Submitting New Dog License Application

1. Print this page for each dog you are licensing.
2. Please fill out the bottom portion as completely as possible. ("New License Number" section should be left blank and will be filled in by KCASE staff.)
3. Please include the following:
  - a. Payment  
(Fee schedule may be viewed at: [http://www.kalcounty.com/AC/Dog\\_Licensing.htm](http://www.kalcounty.com/AC/Dog_Licensing.htm). Please make checks payable to: Kalamazoo County Treasurer)
  - b. Proof of current rabies vaccination for each dog \*
  - c. Proof of spay/neuter for each dog (if applicable)\*
  - d. Self-addressed, stamped envelope to return your tag (mail submissions only)

\*We will return any documents along with your tag in the self-addressed envelope you have supplied.

Mailing address:  
 Kalamazoo County Animal Services and Enforcement  
 2500 Lake St  
 Kalamazoo, MI 49048

Please call us any questions: 269-383-8775



## KCASE recommends microchipping for your dog.

Microchipping is offered by most veterinarians. Contact your veterinarian for prices and information.

Michigan State law requires dogs to wear their license tag at all times, and failure to do so may be punishable by fines or jail. Kalamazoo County enforces this law because stray dogs that are found wearing license tags, are much more likely to be returned home than to the shelter.

MICROCHIP NUMBER		MICROCHIP BRAND			EXPIRING LICENSE NUMBER
DOG'S NAME	BREED	AGE YR/MTH	SEX	<input type="checkbox"/> ALTERED <input type="checkbox"/> UNALTERED	VETERINARIAN CLINIC
OWNER'S NAME		PHONE NUMBER		RABIES VACCINATION DATE    RABIES EXPIRATION DATE <b>*PLEASE ENCLOSE PROOF OF RABIES AND SPAY/NEUTER</b>	
OWNER'S ADDRESS		CITY, STATE		ZIPCODE	NEW LICENSE NUMBER
OWNER'S EMAIL ADDRESS		I WOULD LIKE TO ENCLOSE AN ADDITIONAL DONATION OF \$ _____ + \$ _____			LICENSE AMOUNT
<b>*RABIES VACCINES EXPIRING WITHIN 30 DAYS CANNOT BE ACCEPTED; A NEW VACCINE MUST BE OBTAINED. PROOF OF RABIES AND NEUTER MUST BE ON FILE OR SUBMITTED.</b>		Please make check or money order payable to: Kalamazoo County Treasurer		CHECK DATE & NUMBER	TOTAL PAYMENT \$ _____