



## PET LICENSING INSTRUCTIONS

1. Individuals wishing to receive a pet license must be a City of Marquette resident and have a current certificate of rabies vaccination for their pet.
  - a. The vaccination certificate differs from the receipt issued by your pet’s veterinarian. The vaccination certificate includes a unique tag/serial number and expiration date for the vaccine administered (see the attached rabies certificate example for clarification)
  - b. Pet licenses expire the last day of the month from the date of vaccine expiration

2. Dog licenses can be for one or three years, based on the expiration of the vaccine.

3. Pet license prices:

<b>Dog License</b>	<b>One Year</b>	<b>Three Year</b>
Male	\$16.00	\$40.00
Female	\$16.00	\$40.00
Unsexed	\$8.00	\$20.00
Puppy (younger than 1 year)	\$4.00	N/A
<b>Cat License</b>	<b>One Year Only</b>	
Male	\$16.00	
Female	\$16.00	
Unsexed	\$8.00	
Kitten (younger than 1 year)	\$4.00	

4. Submission and Payment (preferred delivery method is by mail or drop box)
  - a. Return completed form and payment by mail
    - i. Mail to the City Clerk’s Office at 300 W. Baraga Ave., Marquette, MI 49855
    - ii. Include check, payable to the City of Marquette
  - b. Return completed form using our drop box
    - i. Drop box is located at City Hall, 300 W. Baraga Ave, located near the visitor parking lot at the southeast corner of the building.
    - ii. Include check, payable to the City of Marquette, or cash in the exact amount
  - c. Email completed pet license form to [clerk@marquettemi.gov](mailto:clerk@marquettemi.gov) , you will be contacted for payment via credit card

5. Once all information on the form has been verified you will receive a confirmation email
6. The Clerk's Office will mail your license paperwork and pet tag within 5 business days.
7. If you need to print the online form and are unable to do so, please call 906-228-0430 and one will be mailed to you.
- 8. Double check, did you include the following information?**
  - a. A copy of the pet's rabies vaccine certificate, this may be a scanned copy or a picture
  - b. Owner's name
  - c. Pet's name
  - d. Address
  - e. Phone number
  - f. Email

# PET LICENSING INFORMATION FORM

(Please fill out the following information)

Today's Date	
Owner's Name	
Pet's Name	
Owner's Address	
Owner's Phone Number	
Owner's Email	

- Beagle     Chihuahua     Cockerpoo     Collie     Dachshund  
 Doberman     Labrador     Mixed     Pekingese     Pomeranian  
 Poodle     Shepherd     Weimaraner  
 \_\_\_\_\_ Bull     \_\_\_\_\_ Hound     \_\_\_\_\_ Pointer  
 \_\_\_\_\_ Setter     \_\_\_\_\_ Spaniel     \_\_\_\_\_ Terrier

Description/Color \_\_\_\_\_

**(Be sure to include a copy of Rabies Vaccine Certificate)**

Dog License are issued in accordance with State Law (MCL 287.262). The Fees are set by Marquette County. Cat Licenses are issued under City regulations (Marquette City Code Sec. 8-7) and the fees are established through the annual budgeting process.

For Office Use Only:	
Tag Number: _____	Approved By: _____
License Number: _____	Date: _____

**C E R T I F I C A T E O F V A C C I N A T I O N**

**Date of Rabies Vaccination:** 02-19-20  
**Next Rabies Vaccination On:** 02-18-23

**Certificate No:** 0  
**Previous Rabies Vaccination:** <oldtag>

**VETERINARY CLINIC**  
 Bayshore Veterinary Hospital  
 2361 U.S. 41 South  
 Marquette, MI 49855  
 (906) 249-5667

**OWNER OF ANIMAL**  
  
 Marquette, MI 49855  
 County: Marquette

**This is to certify...**

**THAT I HAVE VACCINATED AGAINST RABIES THE ANIMAL DESCRIBED BELOW.**

**Patient information...**

**PATIENT:** Hank  
**SPECIES:** Canine  
**SEX:** Male  
**Color and markings:**

**TAG NO:**  
**WEIGHT:** 17.90  
**AGE:** 14Y

Signed \_\_\_\_\_

Lara K. Stephens-Brown, DVM

**License:**

**Vaccinations done...**

02-19-20	LS	Annual Lepto	02-18-21
02-19-20	LS	Rabies, Canine 3 yr.	02-18-23
06-05-17	DH	DHLP-PV Annual	06-04-20

**Rabies Vaccine Information...**

**MFG BY:** MERIA  
**LOT EXP:** 04/03/21

**SER.NO:**  
**ADM:** SQ

ANIMAL MEDICAL CENTER OF MARQUETTE

Aho, Holmstrom, Gerrish, Klar, Vezzetti, Reid

3052 WRIGHT STREET

MARQUETTE, MI 49855-5048

(906) 226-7400

Rabies Certificate

Client ID:

Client Name:

Address:



MARQUETTE, MI 49855

Phone:

Patient ID: 3347-7

Patient Name: JACKSON

Species: CANINE

Breed: SHIH TZU

Sex: Neuter

Color: BLACK

Markings:

Birthday:

Weight: 8.70 kilograms on 5/18/2019

Microchip ID

Tag Number:

Lot Number:

RABIES CANINE 3 YEAR VACCINE

Producer: Merial

K / MLV / R: Killed Virus

Vaccination Date: 4/16/2019

Expiration Date: 4/16/2022

Staff Name: Dr. Laura Klar, DVM

License Number: