

Form must be submitted in person or mail with fee and rabies certificate. Do not e-mail this application.



DOG LICENSE APPLICATION

City of Warren
Clerk's Office - Suite 205
One City Square
Warren, MI 48093-2393
(586) 574-4557

OWNER NAME: _____

OWNER ADDRESS: _____
street city, state ZIP

PHONE: _____ **ALTERNATE PHONE:** _____

EMAIL ADDRESS: _____

FIRST DOG

NAME: _____

AGE: _____

SEX (CIRCLE ONE): M F

SPAYED/NEUTERED: YES NO

BREED: _____
"mixed" not acceptable

COLOR/MARKINGS: _____

VET CLINIC: _____

VET PHONE: _____

SECOND DOG

NAME: _____

AGE: _____

SEX (CIRCLE ONE): M F

SPAYED/NEUTERED: YES NO

BREED: _____
"mixed" not acceptable

COLOR/MARKINGS: _____

VET CLINIC: _____

VET PHONE: _____

THIRD DOG

NAME: _____

AGE: _____

SEX (CIRCLE ONE): M F

SPAYED/NEUTERED: YES NO

BREED: _____
"mixed" not acceptable

COLOR/MARKINGS: _____

VET CLINIC: _____

VET PHONE: _____

PRICING:

1 YEAR RABIES VACCINATION:
3 YEAR RABIES VACCINATION:

OFFICE USE ONLY

LICENSE NO. _____

EXPIRATION YEAR: _____

RABIES EXPIRATION: _____

OFFICE USE ONLY

LICENSE NO. _____

EXPIRATION YEAR: _____

RABIES EXPIRATION: _____

OFFICE USE ONLY

LICENSE NO. _____

EXPIRATION YEAR: _____

RABIES EXPIRATION: _____

Commit Records:

Date: _____

	spayed/neutered	NOT spayed/neutered
1 YEAR RABIES VACCINATION:	\$3.00	\$5.00
3 YEAR RABIES VACCINATION:	\$8.00	\$10.00