



# PAUL WOJNO CITY CLERK

Suite 205  
One City Square  
Warren, MI 48093-2393  
Phone: (586) 574-4557

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

## DOG LICENSE APPLICATION

OWNER NAME: \_\_\_\_\_

OWNER ADDRESS: \_\_\_\_\_ Warren, MI  
street city, state ZIP

PHONE: \_\_\_\_\_ ALTERNATE PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

### FIRST DOG

NAME: \_\_\_\_\_

SPAYED/NEUTERED: YES NO

SEX (CIRCLE ONE): M F

AGE: \_\_\_\_\_

COLOR/MARKINGS: \_\_\_\_\_

BREED: \_\_\_\_\_  
"mixed" not acceptable

VET CLINIC: \_\_\_\_\_

VET PHONE: \_\_\_\_\_

### SECOND DOG

NAME: \_\_\_\_\_

SPAYED/NEUTERED: YES NO

SEX (CIRCLE ONE): M F

AGE: \_\_\_\_\_

COLOR/MARKINGS: \_\_\_\_\_

BREED: \_\_\_\_\_  
"mixed" not acceptable

VET CLINIC: \_\_\_\_\_

VET PHONE: \_\_\_\_\_

### THIRD DOG

NAME: \_\_\_\_\_

SPAYED/NEUTERED: YES NO

SEX (CIRCLE ONE): M F

AGE: \_\_\_\_\_

COLOR/MARKINGS: \_\_\_\_\_

BREED: \_\_\_\_\_  
"mixed" not acceptable

VET CLINIC: \_\_\_\_\_

VET PHONE: \_\_\_\_\_

### OFFICE USE ONLY

LICENSE NO. \_\_\_\_\_

EXPIRATION YEAR: \_\_\_\_\_

RABIES EXPIRATION: \_\_\_\_\_

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LICENSE NO. \_\_\_\_\_

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RABIES EXPIRATION: \_\_\_\_\_

**Commit  
Records:**  
**Date:** \_\_\_\_\_

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