



OFFICE OF THE WARREN 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 \* NEW or RENEWAL \*

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, please list breed(s)
VET CLINIC:
VET PHONE:

OFFICE USE ONLY

LICENSE NO.
EXPIRATION YEAR:
RABIES EXPIRATION:

SECOND DOG

NAME:
SPAYED/NEUTERED: YES NO
SEX (CIRCLE ONE): M F
AGE:
COLOR/MARKINGS:
BREED: "mixed" not acceptable, please list breed(s)
VET CLINIC:
VET PHONE:

OFFICE USE ONLY

LICENSE NO.
EXPIRATION YEAR:
RABIES EXPIRATION:

THIRD DOG

NAME:
SPAYED/NEUTERED: YES NO
SEX (CIRCLE ONE): M F
AGE:
COLOR/MARKINGS:
BREED: "mixed" not acceptable, please list breed(s)
VET CLINIC:
VET PHONE:

OFFICE USE ONLY

LICENSE NO.
EXPIRATION YEAR:
RABIES EXPIRATION:

Commit Records:

check (or money order) made payable to:
City of Warren

spayed/neutered NOT spayed/neutered

LICENSE PRICING:

1 YEAR RABIES VACCINATION:
3 YEAR RABIES VACCINATION:

Table with 2 columns: spayed/neutered, NOT spayed/neutered. Rows for 1 YEAR RABIES VACCINATION and 3 YEAR RABIES VACCINATION.

NOTE: ALL dog licenses expire April 30