OFFICE OF THE WARREN CITY CLERK



NOTE: ALL dog licenses expire April 30

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

Form must be submitted with fee and rabies certificate (see mailing address above)

DOG LICENSE APPLICATION

* NEW or RENEWAL *

	D O O	LICEINSE	ALLEC	AIIOI		
OWNER NAME:						
OWNER ADDRESS:			Warren, MI			
	stı	reet		city, state	ZIP	
PHONE:			ALTERNATE PH	IONE:		
EMAIL ADDRESS:						
FIRST DOG				OFFICE USE ONLY		
NAME:				LICENSE NO.		
SPAYED/NEUTERED:	YES	NO		EXPIRATION YEAR:		
SEX (CIRCLE ONE):	M	F		RABIES EXPIRATION:		
AGE:						
COLOR/MARKINGS:						
BREED:						
7	"mixed" not acceptable,	please list breed(s)				
VET CLINIC:						
VET PHONE:						
SECOND DOG				OFFICE USE ONLY		
NAME:				LICENSE NO.		
SPAYED/NEUTERED:	YES	NO		EXPIRATION YEAR:		
SEX (CIRCLE ONE):	M	F		RABIES EXPIRATION:		
AGE:						
COLOR/MARKINGS:						
BREED:						
7	"mixed" not acceptable,	please list breed(s)				
VET CLINIC:						
VET PHONE:						
THIRD DOG			OFFICE	USE ONLY		
NAME:				LICENSE NO.		
SPAYED/NEUTERED:	YES	NO		EXPIRATION YEAR:		
SEX (CIRCLE ONE):	M	F		RABIES EXPIRATION:		
AGE:						
COLOR/MARKINGS:						
BREED:				Commit Records:		
"mixed" not acceptable, please list breed(s)			check (or money order) made payable to:			
VET CLINIC:					of Warren	
VET PHONE: LICENSE	PPICING:	4 VEAD DADIES V	ACCINIATION!	spayed/neutered	NOT spayed/neutered	
LICENSE	INICING.	1 YEAR RABIES V	ACCINATION:	\$3.00	\$5.00	

3 YEAR RABIES VACCINATION:

\$8.00

\$10.00