



DOG LICENSE/APPLICATION

Return completed form with remittance

Date _____

Breed	Age	Color	Sex	Weight	Dog's Name	Rabies Exp. Date
Veterinary Clinic			Home Phone #		Work Phone #	

Please print

Owner Name _____

Address _____

City/Twp. _____ Zip _____

Fees:	
Spayed/Neutered	\$11.00
Not Spayed/Neutered	\$16.00
Delinquent on/after May 1st	\$31.00

ALL LICENSES EXPIRE ON THE 31ST OF DECEMBER

Animal Shelter Use Only	
Amount Received \$	_____
Received By	_____

PLEASE SEE INSTRUCTIONS BELOW:

IN ACCORDANCE WITH MICHIGAN ACT 339 TO 1919 (THE DOG LAW) ALL DOGS MUST BE LICENSED AT FOUR MONTHS OF AGE OR OLDER. EACH DOG MUST BE VACCINATED WITH AN APPROVED RABIES VACCINE BY A CERTIFIED VETERINARIAN.

BE SURE TO INCLUDE A COPY OF: A SIGNED RABIES VACCINATION CERTIFICATE, PROOF OF SPAY/NEUTER IF NOT ON THE CERTIFICATE, CHECK OR MONEY ORDER, AND A SELF-ADDRESSED STAMPED ENVELOPE. MAKE CHECKS PAYABLE TO: MACOMB COUNTY HEALTH DEPT. MAIL TO: 21417 DUNHAM, CLINTON TWP., MI 48036.