



DOG LICENSE/APPLICATION

RETURN ALL COPIES WITH YOUR REMITTANCE

New License # _____

Date _____

Breed	Age	Color	Sex	Weight	Dog's Name	Rabies Expiration Date
Vet Clinic		Home Phone No.			Work Phone No.	

Name _____

Street _____

City/Twp. _____ Zip _____

Phone (if new)	
FEES: Spayed/Neutered	\$7.00
Not Spayed/Neutered	\$13.00
Delinquent on/after May 1st	\$25.00

Amount Paid \$ _____

By _____
Treasurer or Collector

HATTERAS PRINTING (313) 624-3300

PLEASE SEE INSTRUCTIONS ON BACK OF CARDBOARD COPY

FORM NO 9- 00004

ALL LICENSES EXPIRE ON THE 31ST OF DECEMBER

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.

INSTRUCTIONS: PLEASE FILL IN THE ADDRESS AND PHONE NUMBER INFORMATION.

ADDITIONAL COPIES OF APPLICATIONS ARE AVAILABLE ON LINE AT:
www.macombcountymi.gov/publichealth, AND AT YOUR LOCAL MUNICIPALITY.

MAIL APPLICATIONS TO:
MACOMB COUNTY ANIMAL SHELTER
21417 DUNHAM ROAD
CLINTON TWP., MI 48036 TX: (586) 469-5115

BE SURE TO INCLUDE: 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 DEPARTMENT**