

MACOMB COUNTY ANIMAL SHELTER
21412 DUNHAM ROAD
CLINTON TOWNSHIP MI 48036

New Dog
 New Resident
 Replacement Tag

DOG LICENSE APPLICATION

OWNER'S ID	NAME:		
	ADDRESS:		
	CITY:	STATE:	ZIP:
DOG'S NAME:		BREED:	COLOR:
AGE:	SEX:	PHONE NO:	RABIES EXP:
DATE ISSUED:	FEE:	TAG NO. / YEAR:	
SIGNATURE OF ISSURING AGENT:			

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