# DOG LICENSE APPLICATION

Detroit Health Department
Animal Care and Control
3511 W. Jefferson
Detroit MI 48216
(313) 224-7133
http://www.detroitmi.gov/doglicense

City of Detroit

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## Dog Information

Dog's Name _____

Breed_____

Age_____

Color_____

Sex_____

**Make Check Payable to**
**City of Detroit**
**Mail or bring copies of this form and legible copy of your rabies certificate to**
**Detroit Health Department**
**Animal Care and Control**
**3511 W. Jefferson, Detroit, MI 48216**

## License Information

Old License No_____

License Issue Date_____

License Expiration Date_____

License Tag Type _____$10.00 Neutered _____$15.00 Non-neutered

New License No_____

## Owner Information

Name_____

Address_____ Detroit, MI Zip Code_____

Driver's License No_____

Home Telephone No_____

Alternate Telephone No_____

## Rabies Vaccination Information

Manufacturer_____ Serial Number _____

Date Vaccinated_____ Expiration Date _____

Vet License #_____ Veterinarian _____

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A rabies vaccine **must** be given by a licensed veterinarian and dogs must be re-vaccinated each year or every three years depending on the vaccine. A copy of the rabies certificate bearing the manufacturer serial number, date the animal was vaccinated, veterinarian's signature and license number must be received prior to a license tag being issued.