



Bloomfield Township Dog License Application

Owner Information

Name _____

Address _____

Bloomfield Hills, MI _____
(Zip Code)

Contact Telephone Number (____) _____

Dog Information

Name _____

Breed _____

Color _____

Neutered/Spayed? Yes No

Veterinarian _____

You must include proof of rabies vaccination with your application.

Fees

1-year tag		
Issue Date	Neutered/Spayed	Not Neutered/Spayed
January 1 - March 31	\$6	\$12
April 1 - December 31	\$11	\$17
3-year tag*		
January 1 - December 31	\$18	\$36

*Rabies vaccination must be valid for 3 years from the year of license issue.

Lost license replacement fee - \$0.50

Make checks payable to: Bloomfield Township
4200 Telegraph Rd., P.O. Box 489
Bloomfield Township, MI 48303-0489

For more information please call 248-433-7700