CITY OF ZILWAUKEE
319 Tittabawassee
Saginaw, MI 48604
(989) 755-0931

DANGEROUS DOG REGISTRATION

NAME OF ANIMAL	BREED OF ANIMAL	LICENSE NO.

NAME OF DOG OWNER:		TELEPHONE NUMBER:	
ADDRESS OF DOG OWNER:	CITY:	STATE:	ZIP:
NAME OF PROPERTY OWNER IF DIFFERENT FROM ABOVE:		TELEPHONE	
ADDRESS OF PROPERTY OWNER:	CITY:	STATE:	ZIP:

PRIOR INCIDENT(s) OF WHERE DOG ATTACK OR ATTEMPTED TO ATTACK ANOTHER PERSON OR ANIMAL.	
DATE OF INCIDENT	PERSON OR ANIMAL INJURED
DESCRIBE INCIDENT AND RESOLUTION:	

BY EXECUTION HEREOF, APPLICANT CONFIRMS HE/SHE HAS READ AND UNDERSTANDS THE DANGEROUS DOG ORDINANCE AND AGREES TO COMPLY WITH ALL TERMS AND PROVISIONS THEREOF, INCLUDING, BUT NOT LIMITED TO, PROPER CONFINEMENT, NECESSARY LEASH AND REQUIRED SIGNAGE.
Applicant further agrees that he/she will notify the City of Zilwaukee within twenty-four (24) hours of the occurrence of any one of the following events:

1) The animal has escaped.
2) The animal has attacked a human being or other animal.
3) The animal has been sold, given or transferred permanently to another person or address within the City of Zilwaukee.
4) The animal has died.
5) There has been a birth of an offspring of the animal.
6) The animal is permanently leaving the City of Zilwaukee.

APPLICANT/OWNER'S SIGNATURE:	DATE

OFFICE USE ONLY				
☐ $20 fee paid	☐ Signs provided	☐ Ordinance provided	License #	Initials
☐ Approved	☐ Not Approved	X		