

# CITY OF SAGINAW

City Clerk's Office  
1315 S. Washington Avenue, Room 102  
Saginaw, MI 48601  
989.759.1480

## ***DANGEROUS DOG REGISTRATION***

NAME OF ANIMAL		BREED OF ANIMAL		LICENSE #.	
NAME OF DOG OWNER:				TELEPHONE #	
ADDRESS OF DOG OWNER:		CITY:		STATE:	ZIP:
NAME OF PROPERTY OWNER IF DIFFERENT FROM ABOVE:				TELEPHONE #	
ADDRESS OF PROPERTY OWNER:		CITY:		STATE:	ZIP:

PRIOR INCIDENTS WHERE DOG ATTACKED 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 they will notify the City of Saginaw 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.
- 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 Saginaw.

APPLICANT/OWNER'S SIGNATURE:	DATE

OFFICE USE ONLY				
<input type="checkbox"/> \$25 fee paid	<input type="checkbox"/> Signs provided	<input type="checkbox"/> Ordinance provided	License #	Initials
<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved	X		