

# CITY OF SAGINAW

City Clerk's Office (989) 759-1480  
1315 S. Washington, Room 102  
Saginaw, MI 48601

# 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:	

<b>PRIOR INCIDENT(S) OF WHERE DOG ATTACK OR ATTEMPTED TO ATTACK ANOTHER PERSON OR ANIMAL.</b>	
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 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
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OFFICE USE ONLY				
<input type="checkbox"/> \$20 fee paid	<input type="checkbox"/> Signs provided	<input type="checkbox"/> Ordinance provided	License #	Initials
<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved	<b>X</b>		