



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 Information

Name _____

Address _____

City/State/Zip _____

Telephone Number (____) _____

You must include proof of rabies vaccination with your application.

Fees

Date	Not Neutered/Spayed	Neutered/Spayed
January - March	\$12.00	\$ 6.00
April - December	\$17.00	\$11.00
3 Year License: Call 248-433-7700 for information on fees and requirements		

Replacement fee - \$0.50

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

For more information please call 248-433-7700