



CERTIFICATE OF REGISTRATION

SAGINAW CHIPPEWA DOG LICENSE

Office of Tribal Licensing & Regulations
Saginaw Chippewa Indian Tribe of Michigan

DOG OWNER INFORMATION

Name of Dog Owner: _____ Tribal ID#: _____

Address: _____

Phone#: (_____) _____ Mobile Phone #: (_____) _____

Email: _____

DOG INFORMATION

Name of Dog: _____ Age: _____ Sex (check one): ☐ Male ☐ Female

Breed: _____ Neutered (check one): ☐ Yes ☐ No

Color/Markings (if any): _____

Rabies Vaccination Date: _____

Rabies Vaccine/Tag #: _____ Rabies Expiration Date: _____

Veterinarian: _____ Veterinarian License #: _____

DISCLAIMER

This hereby certifies that this Registration for Saginaw Chippewa Dog License is issued to the above individual(s) residing within the boundaries of Saginaw Chippewa Jurisdiction. This registration authorizes a license to the above dog owner for the listed dog in compliance with Tribal Code Title VII and all amendments. Dog license tags are required for all dogs over three (3) months of age and are required to be worn at all times. Dog owners must provide proof of rabies vaccination signed by a licensed veterinarian. No dogs shall be kept, harbored or maintained within the boundaries of the Saginaw Chippewa Indian Reservation unless such dog has been registered with the Saginaw Chippewa Indian Tribe or the County Clerk's office.

Signature of Tribal Member

Date

OFFICE USE ONLY

Dog License Tag No.: _____ Expires: _____

Issued By: _____ Date Issued: _____

Fee Due: ☐ \$5.00 Male ☐ \$12.00 Female ☐ \$5.00 Neutered

Complete and Return Registration To:

Office of Tribal Licensing & Regulations

7500 Soaring Eagle Blvd

Mount Pleasant, MI 48858

Office: (989) 775-4122

Fax: (989) 775-4107

Email: OTLR@sagchip.org