



2016-2017 APPLICATION FOR OFF-LEASH DOG AREAS

General Headquarters: 536 N. Harlem Avenue, River Forest, IL 60305

(800) 870-3666

fpdcc.com/dogs/

PERMITS ARE VALID OCTOBER 1, 2016 THROUGH SEPTEMBER 30, 2017

Please complete BOTH pages of this application. Incomplete applications will not be accepted.

Applicant (Owner) Information		
Name:	Driver's License #:	
Address:	City:	
State:	Zip Code:	Apartment/Unit #:
Date of Birth:	Phone #:	
Email:	Number of Dogs (3 Maximum):	
Are you a resident of Cook County?: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Please provide plate numbers for vehicles for each potential vehicle that will be onsite at the OLDA below:		
Plate #1:	Plate #2:	Plate #3:
Please select your primary off-leash dog area: <input type="checkbox"/> Beck Lake (Glenview, IL) <input type="checkbox"/> Bremen (Tinley Park, IL) <input type="checkbox"/> Miller Meadow (Maywood, IL)		
Membership Fees		
All fees are non-refundable, not pro-rated and non-transferrable. Please make checks payable to "Forest Preserves of Cook County". Payments can be mailed in or be made over the phone.		
<ul style="list-style-type: none"> • Cook County Resident: \$55 per dog • Non-resident \$110 per dog 		
Waiver of Liability and Signature		
<p>I, the undersigned, will indemnify, defend and hold harmless, the Forest Preserves of Cook County, its agents, employees, officers, servants, Off Leash Dog Area committee members, donors, instructors, volunteers and any and all other associates, from and against any and all actions, in law or in equity, from liability claims for damages, demands or judgments to any person or property which may result now or in the future from the conduct of this event/activity. I understand that this waiver includes any claims based on negligence, action or inaction of any of the parties. I, the undersigned, have read and understand all rules, regulations and policies and will be responsible for adherence.</p> <p>I do hereby acknowledge and accept that I have voluntarily applied to participate and utilize with my dog(s), the Forest Preserves of Cook County Off Leash Dog Areas. I fully understand and acknowledge that unleashing my dog and being physically present at the off leash dog area involves risks of injury to me, and individual accompanying me, other persons, my dog(s) and other dog(s) including, but not limited to, risks resulting from aggressive dogs, unpredictable behavior and lack of proper training. I further understand and assume that despite the effort of the Forest Preserves of Cook County to ensure owners have complied, there is risk that not all dogs present in the off leash dog areas are licensed and vaccinated for rabies as may be required, which could result in injury to a person or a dog.</p>		
Signature:	Date:	



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Name of Applicant/Owner: _____

Phone #: _____

Dog #1 Name/Breed: _____

Rabies Tag# _____

Dog #2 Name/Breed: _____

Rabies Tag# _____

Dog #3 Name/Breed: _____

Rabies Tag# _____

The following must be completed by a licensed veterinarian.

Immunization Dates: Please indicate whether immunization is 1 yr. or 3 yr. and provide date of immunization						
	Distemper	Hepatitis	Parvovirus	Leptospirosis	Rabies	Bordetella
Dog #1	<input type="checkbox"/> 1 yr. <input type="checkbox"/> 3 yr.	<input type="checkbox"/> 1 yr. <input type="checkbox"/> 3 yr.	<input type="checkbox"/> 1 yr. <input type="checkbox"/> 3 yr.	<input type="checkbox"/> 1 yr. <input type="checkbox"/> 3 yr.	<input type="checkbox"/> 1 yr. <input type="checkbox"/> 3 yr.	<input type="checkbox"/> 1 yr. <input type="checkbox"/> 3 yr.
Dog #2	<input type="checkbox"/> 1 yr. <input type="checkbox"/> 3 yr.	<input type="checkbox"/> 1 yr. <input type="checkbox"/> 3 yr.	<input type="checkbox"/> 1 yr. <input type="checkbox"/> 3 yr.	<input type="checkbox"/> 1 yr. <input type="checkbox"/> 3 yr.	<input type="checkbox"/> 1 yr. <input type="checkbox"/> 3 yr.	<input type="checkbox"/> 1 yr. <input type="checkbox"/> 3 yr.
Dog #3	<input type="checkbox"/> 1 yr. <input type="checkbox"/> 3 yr.	<input type="checkbox"/> 1 yr. <input type="checkbox"/> 3 yr.	<input type="checkbox"/> 1 yr. <input type="checkbox"/> 3 yr.	<input type="checkbox"/> 1 yr. <input type="checkbox"/> 3 yr.	<input type="checkbox"/> 1 yr. <input type="checkbox"/> 3 yr.	<input type="checkbox"/> 1 yr. <input type="checkbox"/> 3 yr.
Fecal Sample Test Date: Test must be completed within 120 days of applying for permit						
Dog #1	<input type="checkbox"/> Positive <input type="checkbox"/> Negative			Date of Result:		
Dog #2	<input type="checkbox"/> Positive <input type="checkbox"/> Negative			Date of Result:		
Dog #3	<input type="checkbox"/> Positive <input type="checkbox"/> Negative			Date of Result:		
Veterinarian Information:						
Name of Licensed Veterinarian (please print):						
Street Address:				City:		
State:		Zip Code:		Phone:		
<i>At the time of examination for the dog(s) listed above, the dog(s) appears free of all communicable diseases (examination date must be within (1) year of applying for permit.</i>						
Veterinarian Signature: _____				Veterinarian License Number: _____		
Veterinarian Address Stamp (if applicable):						

Submit completed page 1 & page 2 of this application to:

Mail: General Headquarters Office – Attn. Permit Dept. at 536 N. Harlem Ave, River Forest, IL 60305

Fax: (708) 771-1071

Email: fpd.permits@cookcountyil.gov