



2016-2017 APPLICATION FOR OFF-LEASH DOG AREAS

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

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