



2017-2018 APPLICATION FOR OFF-LEASH DOG AREAS

General Headquarters: 536 N. Harlem Avenue, River Forest, IL 60305
 P: (800) 870-3666 • F: (708)771-1071 • E: fpd.permits@cookcountyil.gov
fpdcc.com/recreation/dog-friendly-area/

PERMITS ARE VALID OCTOBER 1, 2017 THROUGH SEPTEMBER 30, 2018

Please complete BOTH pages of this application. Incomplete applications will not be accepted.
Applications may be submitted in person, email or fax to the addresses listed above.

Applicant (Owner) Information		
Name:	Are you a resident of Cook County?: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address:	City:	
State:	Apartment/Unit #:	
Date of Birth:	Phone #:	
Email:	Number of Dogs (3 Maximum):	
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 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: \$60 per dog* • Non-resident \$120 per dog* 		
25% discount applies to each additional dog in the same household		
50% discount for applications received July 1, 2018 through September 30, 2018		
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:	



VETERINARIAN FORM FOR OFF-LEASH DOG AREAS

PERMITS ARE VALID OCTOBER 1, 2017 TO SEPTEMBER 30, 2018

Name of Applicant/Owner: _____

Phone #: _____

The following must be completed by a licensed veterinarian. Fecal test(s) must be completed within 120 days of applying for permit. Although not required, the District strongly recommends the Canine Influenza vaccination.

Name of Dog 1			Breed			Rabies Tag #	
List dates of vaccinations for Dog 1 below							
Distemper	Hepatitis	Parvovirus	Leptospirosis	Bordetella	Parainfluenza	Rabies	Canine Influenza <i>(If applicable)</i>
____/____ <small>Month Year</small>	____/____ <small>Month Year</small>	____/____ <small>Month Year</small>	____/____ <small>Month Year</small>	____/____ <small>Month Year</small>	____/____ <small>Month Year</small>	<input type="checkbox"/> 1 yr. OR <input type="checkbox"/> 3 yr. ____/____ <small>Month Year</small>	____/____ <small>Month Year</small>
Fecal Test Result/Date:		<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	Date of Result: ____/____/____ <small>Month Day Year</small>			

Name of Dog 2			Breed			Rabies Tag #	
List dates of vaccinations for Dog 2 below							
Distemper	Hepatitis	Parvovirus	Leptospirosis	Bordetella	Parainfluenza	Rabies	Canine Influenza <i>(If applicable)</i>
____/____ <small>Month Year</small>	____/____ <small>Month Year</small>	____/____ <small>Month Year</small>	____/____ <small>Month Year</small>	____/____ <small>Month Year</small>	____/____ <small>Month Year</small>	<input type="checkbox"/> 1 yr. OR <input type="checkbox"/> 3 yr. ____/____ <small>Month Year</small>	____/____ <small>Month Year</small>
Fecal Test Result/Date:		<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	Date of Result: ____/____/____ <small>Month Day Year</small>			

Name of Dog 3			Breed			Rabies Tag #	
List dates of vaccinations for Dog 3 below							
Distemper	Hepatitis	Parvovirus	Leptospirosis	Bordetella	Parainfluenza	Rabies	Canine Influenza <i>(If applicable)</i>
____/____ <small>Month Year</small>	____/____ <small>Month Year</small>	____/____ <small>Month Year</small>	____/____ <small>Month Year</small>	____/____ <small>Month Year</small>	____/____ <small>Month Year</small>	<input type="checkbox"/> 1 yr. OR <input type="checkbox"/> 3 yr. ____/____ <small>Month Year</small>	____/____ <small>Month Year</small>
Fecal Test Result/Date:		<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	Date of Result: ____/____/____ <small>Month Day Year</small>			

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): _____		