



# APPLICATION FOR OFF-LEASH DOG AREAS

fpdcc.com/dogs

**PERMITS ARE VALID OCTOBER 1 THROUGH SEPTEMBER 30 OF THE FOLLOWING YEAR**

**Please complete BOTH pages of this application, incomplete applications will not be accepted.**

| Applicant (Owner) Information   |           |  |
|---|-----------|--|
| Name:   |           | Are you a resident of Cook County?: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Address:  |           | City:  |
| State:  | Zip Code: | Apartment/Unit #:  |
| Date of Birth:  |           | Phone #:   |
| Email:  |           | Number of Dogs (3 Maximum):  |
| Please provide plate numbers for each potential vehicle that will be onsite at the OLDA below:  |           |  |
| Plate #1:   | Plate #2: | Plate #3:  |
| Please select your primary location: <input type="checkbox"/> Beck Lake (Glenview, IL) <input type="checkbox"/> Bremen (Tinley Park, IL) <input type="checkbox"/> Miller Meadow (Maywood, IL)   |           |  |
| Membership Fees   |           |  |
| Memberships may also be purchased online at <a href="http://www.fpdcc.com/dogs">www.fpdcc.com/dogs</a> . Mailed applications must include a check made payable to "Forest Preserves of Cook County". All fees are non-refundable  |           |  |
| <ul style="list-style-type: none"> <li>• <b>Cook County Resident:</b> 1-Dog (\$60), 2-Dogs (\$105), 3-Dogs (\$150)</li> <li>• <b>Non-resident:</b> 1-Dog (\$120), 2-Dogs (\$210), 3-Dogs (\$300)</li> </ul>   |           |  |
| *50% discount for applications received within last 3 months of the permit year. Permit year begins October 1 and ends September 30.  |           |  |
| 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 arise out of or is related to the issuance of a permit pursuant to this application. 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:  |

General Headquarters: 536 N. Harlem Avenue, River Forest, IL 60305 ▪ P: (800)870-3666 ▪ F: (708)771-1071  
 E: [fpd.permits@cookcountyil.gov](mailto:fpd.permits@cookcountyil.gov)



**VETERINARIAN FORM FOR OFF-LEASH DOG AREAS**  
 PERMITS ARE VALID OCTOBER 1 THROUGH SEPTEMBER 30 OF THE FOLLOWING YEAR

Name of Applicant/Owner: \_\_\_\_\_

Phone #: \_\_\_\_\_

Online Receipt Number (if any): \_\_\_\_\_

**\*\*The following must be completed by a licensed veterinarian.**

*Although, not required, the District strongly recommends the Canine Influenza vaccination. Submit completed forms via email, fax or USPS mail.*

**Veterinarian Information:**

Name of Licensed Veterinarian (please print): \_\_\_\_\_

Street Address: \_\_\_\_\_

|      |        |           |        |
|------|--------|-----------|--------|
| City | State: | Zip Code: | Phone: |
|------|--------|-----------|--------|

**At the time of examination for the dog(s) listed below, the dog(s) appears free of all communicable diseases (examination date must be within (1) year of applying for permit.**

Veterinarian Signature: \_\_\_\_\_ Veterinarian License Number: \_\_\_\_\_

Veterinarian Address Stamp (if applicable): \_\_\_\_\_

| Name of Dog 1 | Breed/Type of Mix | Rabies Tag # |
|---------------|-------------------|--------------|
|               |                   |              |

**List dates of vaccinations below for Dog 1 below**

| Distemper          | Hepatitis          | Parvovirus         | Leptospirosis      | Bordetella         | Parainfluenza      | Rabies<br><input type="checkbox"/> 1 yr. OR <input type="checkbox"/> 3 yr. | Canine Influenza<br><i>(if applicable)</i> |
|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--|--|
| ___/___<br>Mo. Yr. | ___/___<br>Mo. Yr. | ___/___<br>Mo. Yr. | ___/___<br>Mo. Yr. | ___/___<br>Mo. Yr. | ___/___<br>Mo. Yr. | ___/___<br>Mo. Yr.   | ___/___<br>Mo. Yr.                         |

**Fecal Test Result Date** (must be within **120 days** of submission):  Negative  Positive **Date of Result:** \_\_\_/\_\_\_/\_\_\_  
 Mo. Day Yr.

| Name of Dog 2 | Breed/Type of Mix | Rabies Tag # |
|---------------|-------------------|--------------|
|               |                   |              |

**List dates of vaccinations below for Dog 2 below**

| Distemper          | Hepatitis          | Parvovirus         | Leptospirosis      | Bordetella         | Parainfluenza      | Rabies<br><input type="checkbox"/> 1 yr. OR <input type="checkbox"/> 3 yr. | Canine Influenza<br><i>(if applicable)</i> |
|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--|--|
| ___/___<br>Mo. Yr. | ___/___<br>Mo. Yr. | ___/___<br>Mo. Yr. | ___/___<br>Mo. Yr. | ___/___<br>Mo. Yr. | ___/___<br>Mo. Yr. | ___/___<br>Mo. Yr.   | ___/___<br>Mo. Yr.                         |

**Fecal Test Result Date** (must be within **120 days** of submission):  Negative  Positive **Date of Result:** \_\_\_/\_\_\_/\_\_\_  
 Mo. Day Yr.

| Name of Dog 3 | Breed/Type of Mix | Rabies Tag # |
|---------------|-------------------|--------------|
|               |                   |              |

**List dates of vaccinations below for Dog 3 below**

| Distemper          | Hepatitis          | Parvovirus         | Leptospirosis      | Bordetella         | Parainfluenza      | Rabies<br><input type="checkbox"/> 1 yr. OR <input type="checkbox"/> 3 yr. | Canine Influenza<br><i>(if applicable)</i> |
|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--|--|
| ___/___<br>Mo. Yr. | ___/___<br>Mo. Yr. | ___/___<br>Mo. Yr. | ___/___<br>Mo. Yr. | ___/___<br>Mo. Yr. | ___/___<br>Mo. Yr. | ___/___<br>Mo. Yr.   | ___/___<br>Mo. Yr.                         |

**Fecal Test Result Date** (must be within **120 days** of submission):  Negative  Positive **Date of Result:** \_\_\_/\_\_\_/\_\_\_  
 Mo. Day Yr.

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