



## VETERINARIAN HEALTH FORM FOR OFF-LEASH DOG AREAS

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

**APPLICATION IS NOT COMPLETE UNTIL VETERINARIAN HEALTH FORM IS COMPLETED AND SUBMITTED.**

List receipt number for membership purchase (if any): \_\_\_\_\_  
*Failure to list receipt number will cause delay in processing time.*

Applicant/Owner: \_\_\_\_\_ Phone #: \_\_\_\_\_

**The information below must be completed by a licensed veterinarian.**

*The District strongly recommends the Canine Influenza vaccination, although not required.  
 Negative Fecal Test Result Date (must be within 120 days of submission).*

Submit completed forms via Email [fpd.permits@cookcountyil.gov](mailto:fpd.permits@cookcountyil.gov) - Fax or USPS mail.

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

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

City	State:	Zip Code:	Phone:
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**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 Address Stamp (if applicable): \_\_\_\_\_ Veterinarian Signature: \_\_\_\_\_  
 Veterinarian License Number: \_\_\_\_\_

**DOG 1 – INFORMATION**

Name:		Breed:			Rabies Tag #:		
Distemper <input type="checkbox"/> 1 yr. OR <input type="checkbox"/> 3 yr.	Hepatitis <input type="checkbox"/> 1 yr. OR <input type="checkbox"/> 3 yr.	Parvovirus <input type="checkbox"/> 1 yr. OR <input type="checkbox"/> 3 yr.	Leptospirosis <input type="checkbox"/> 1 yr. OR <input type="checkbox"/> 3 yr.	Bordetella <input type="checkbox"/> 1 yr. OR <input type="checkbox"/> 3 yr.	Parainfluenza <input type="checkbox"/> 1 yr. OR <input type="checkbox"/> 3 yr.	Rabies <input type="checkbox"/> 1 yr. OR <input type="checkbox"/> 3 yr.	Canine Influenza <i>(if applicable)</i>
___/___ Mo. Yr.	___/___ Mo. Yr.	___/___ Mo. Yr.	___/___ Mo. Yr.	___/___ Mo. Yr.	___/___ Mo. Yr.	___/___ Mo. Yr.	___/___ Mo. Yr.

**FECAL TEST RESULT:**  Negative  Positive **Date of Result:** \_\_\_/\_\_\_/\_\_\_

**DOG 2 – INFORMATION**

Name:		Breed:			Rabies Tag #:		
Distemper <input type="checkbox"/> 1 yr. OR <input type="checkbox"/> 3 yr.	Hepatitis <input type="checkbox"/> 1 yr. OR <input type="checkbox"/> 3 yr.	Parvovirus <input type="checkbox"/> 1 yr. OR <input type="checkbox"/> 3 yr.	Leptospirosis <input type="checkbox"/> 1 yr. OR <input type="checkbox"/> 3 yr.	Bordetella <input type="checkbox"/> 1 yr. OR <input type="checkbox"/> 3 yr.	Parainfluenza <input type="checkbox"/> 1 yr. OR <input type="checkbox"/> 3 yr.	Rabies <input type="checkbox"/> 1 yr. OR <input type="checkbox"/> 3 yr.	Canine Influenza <i>(if applicable)</i>
___/___ Mo. Yr.	___/___ Mo. Yr.	___/___ Mo. Yr.	___/___ Mo. Yr.	___/___ Mo. Yr.	___/___ Mo. Yr.	___/___ Mo. Yr.	___/___ Mo. Yr.

**FECAL TEST RESULT:**  Negative  Positive **Date of Result:** \_\_\_/\_\_\_/\_\_\_

**DOG 3 – INFORMATION**

Name:		Breed:			Rabies Tag #:		
Distemper <input type="checkbox"/> 1 yr. OR <input type="checkbox"/> 3 yr.	Hepatitis <input type="checkbox"/> 1 yr. OR <input type="checkbox"/> 3 yr.	Parvovirus <input type="checkbox"/> 1 yr. OR <input type="checkbox"/> 3 yr.	Leptospirosis <input type="checkbox"/> 1 yr. OR <input type="checkbox"/> 3 yr.	Bordetella <input type="checkbox"/> 1 yr. OR <input type="checkbox"/> 3 yr.	Parainfluenza <input type="checkbox"/> 1 yr. OR <input type="checkbox"/> 3 yr.	Rabies <input type="checkbox"/> 1 yr. OR <input type="checkbox"/> 3 yr.	Canine Influenza <i>(if applicable)</i>
___/___ Mo. Yr.	___/___ Mo. Yr.	___/___ Mo. Yr.	___/___ Mo. Yr.	___/___ Mo. Yr.	___/___ Mo. Yr.	___/___ Mo. Yr.	___/___ Mo. Yr.

**FECAL TEST RESULT:**  Negative  Positive **Date of Result:** \_\_\_/\_\_\_/\_\_\_



# APPLICATION FOR OFF-LEASH DOG AREAS

fpdcc.com/recreation/dog-friendly-area/

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

Owner Information			
Name:		Date of Birth:	
Address:			
City:	State:	Zip Code:	Apt:
Email:	Phone #:	Number of Dogs (3 Maximum):	
New Applicant <input type="checkbox"/> <u>OR</u> Returning OLDA Member <input type="checkbox"/>			
Returning Member(s) - List FIRST FIVE numbers of keyless card number(s):			
Co-Owner Information (if any)			
Are you requesting a duplicate keyless card for person listed below (\$10 fee will apply)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Name:		Date of Birth:	
Vehicle Information:			
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			
All fees are non-refundable, not pro-rated and non-transferrable. Membership fee includes access to all 3 locations. 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"> <li>• Cook County Resident: \$60 per dog</li> <li>• Non-resident: \$120 per dog</li> <li>• Keyless Card Refundable Security Deposit: \$10</li> </ul>			
25% discount applies to each additional dog in the same household			
50% discount for applications received within last 3 months of permit year (July – September)			
Indemnification/Waiver of Liability and Signature			
<p>I, the undersigned, will waive and release, and 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(s) accompanying me, other persons, my dog(s) and other dog(s) including, but not limited to, risks resulting from aggressive dogs, unpredictable behavior, lack of proper training, as well as risks associated with the physical surroundings of the off leash dog areas. 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)