



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

Owner (Applicant): _____ Phone #: _____

For faster processing list receipt number (if any): _____

Veterinarian Health Form (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 application submission).
- All vaccinations must be current at time of application.

Application Submission:

For faster processing submit payment for membership online at www.fpdcc.com/dogs. Once payment has been made and Vet Health Form (below) has been completed by your vet. **Email completed vet form to: fpd.permits@cookcountyil.gov**
AND in the subject line include name of permit holder (owner) & receipt number for membership purchase.

You may also fax or mail applications. Complete page 2 and submit with completed Vet Health Form and payment. Please note processing time for faxed and mailed forms will be longer.

Fax: 708.771.1071 / USPS Mail: Attn: Permit Department, 536 N Harlem Avenue in River Forest, IL 60305

VETERINARIAN HEALTH FORM

Name of Licensed Veterinarian (please print):								
Street Address:								
City			State:		Zip Code:		Phone:	
<i>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.</i>								
Veterinarian Address Stamp (if applicable):					Veterinarian Signature: _____			
					Veterinarian License Number: _____			
DOG 1 NAME:			BREED:			RABIES TAG #:		
Distemper <input type="checkbox"/> 1 yr. <input type="checkbox"/> 3 yr.	Hepatitis <input type="checkbox"/> 1 yr. <input type="checkbox"/> 3 yr.	Parvovirus <input type="checkbox"/> 1 yr. <input type="checkbox"/> 3 yr.	Leptospirosis <input type="checkbox"/> 1 yr. <input type="checkbox"/> 3 yr.	Bordetella <input type="checkbox"/> 1 yr. <input type="checkbox"/> 3 yr.	Parainfluenza <input type="checkbox"/> 1 yr. <input type="checkbox"/> 3 yr.	Rabies <input type="checkbox"/> 1 yr. <input type="checkbox"/> 3 yr.	Fecal Test <input type="checkbox"/> Neg <input type="checkbox"/> Pos	Canine Influenza <i>(Optional)</i>
___/___ Mo. Yr.	___/___ Mo. Yr.	___/___ Mo. Yr.	___/___ Mo. Yr.	___/___ Mo. Yr.	___/___ Mo. Yr.	___/___ Mo. Yr.	___/___/___ DATE OF RESULT	___/___ Mo. Yr.
DOG 2 NAME:			BREED:			RABIES TAG #:		
Distemper <input type="checkbox"/> 1 yr. <input type="checkbox"/> 3 yr.	Hepatitis <input type="checkbox"/> 1 yr. <input type="checkbox"/> 3 yr.	Parvovirus <input type="checkbox"/> 1 yr. <input type="checkbox"/> 3 yr.	Leptospirosis <input type="checkbox"/> 1 yr. <input type="checkbox"/> 3 yr.	Bordetella <input type="checkbox"/> 1 yr. <input type="checkbox"/> 3 yr.	Parainfluenza <input type="checkbox"/> 1 yr. <input type="checkbox"/> 3 yr.	Rabies <input type="checkbox"/> 1 yr. <input type="checkbox"/> 3 yr.	Fecal Test <input type="checkbox"/> Neg <input type="checkbox"/> Pos	Canine Influenza <i>(Optional)</i>
___/___ Mo. Yr.	___/___ Mo. Yr.	___/___ Mo. Yr.	___/___ Mo. Yr.	___/___ Mo. Yr.	___/___ Mo. Yr.	___/___ Mo. Yr.	___/___/___ DATE OF RESULT	___/___ Mo. Yr.
DOG 3 NAME:			BREED:			RABIES TAG #:		
Distemper <input type="checkbox"/> 1 yr. <input type="checkbox"/> 3 yr.	Hepatitis <input type="checkbox"/> 1 yr. <input type="checkbox"/> 3 yr.	Parvovirus <input type="checkbox"/> 1 yr. <input type="checkbox"/> 3 yr.	Leptospirosis <input type="checkbox"/> 1 yr. <input type="checkbox"/> 3 yr.	Bordetella <input type="checkbox"/> 1 yr. <input type="checkbox"/> 3 yr.	Parainfluenza <input type="checkbox"/> 1 yr. <input type="checkbox"/> 3 yr.	Rabies <input type="checkbox"/> 1 yr. <input type="checkbox"/> 3 yr.	Fecal Test <input type="checkbox"/> Neg <input type="checkbox"/> Pos	Canine Influenza <i>(Optional)</i>
___/___ Mo. Yr.	___/___ Mo. Yr.	___/___ Mo. Yr.	___/___ Mo. Yr.	___/___ Mo. Yr.	___/___ Mo. Yr.	___/___ Mo. Yr.	___/___/___ DATE OF RESULT	___/___ Mo. Yr.

General Headquarters: 536 N. Harlem Avenue, River Forest, IL 60305 • P: (800)870-3666 • F: (708)771-1071

E: fpd.permits@cookcountyil.gov



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) to keep your card activated - List FIRST FIVE numbers of keyless card number(s):			
Are you requesting an additional card for another HH member(\$10 fee will apply)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Name of additional HH member (<u>Note</u> : Only the owner will be listed as OLDA member for both cards):			
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. Payments can be mailed in or be made online at www.fpdcc.com/dogs . Please make checks payable to "Forest Preserves of Cook County."			
Fees: Cook County Resident: \$60 per dog • Non-resident: \$120 per dog • Replacement fee for lost or additional cards \$10 per card			
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 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 agree to assume the full risk of any injury, damage, or loss, regardless of severity, resulting during my presence on Forest Preserves property while participating in the Off-Leash Dog Area. 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. Understanding the above-mentioned risks, I therefore agree to waive and forego any claims I may have against the Forest Preserve for any incidents that may arise based on the use of the Off-Leash Dog Area.</p> <p>I, the undersigned, further agree to fully release, indemnify, defend, and hold harmless the Forest Preserves of Cook County, its Commissioners, 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 directly or indirectly arise out of, or is otherwise related to the issuance of a permit pursuant to this Application, based on my presence at any Off-Leash Dog Area, or my participation in any Off-Leash Dog Area activities. I understand that this waiver includes any claims based on negligence, action or inaction of any employee, volunteer, or agent of the Forest Preserves. I have read and fully understand this waiver and release of claim and indemnification. My electronic signature and submission of this form shall substitute for and have the same legal effect as an original signature. I, the undersigned, have read and understand all rules, regulations and policies and will be responsible for adherence, including but not limited to the Forest Preserves' Aggressive Dog Ban Policy (found here: https://fpdcc.com/downloads/policies/FPCC-Aggressive-Dog-Ban-Policy-062718.pdf)</p> <p>By signing below, I understand that I am assuming the risks inherent to the presence of unknown and unleashed dogs and I understand that this is a release of liability for any and all claims against the Forest Preserves that may arise as a result of using the Off-Leash Dog Areas.</p>			
Signature:		Date:	

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