



VETERINARIAN HEALTH FORM FOR OFF-LEASH DOG AREAS

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

Veterinarian Health Form (below) must be completed by a licensed veterinarian.

- FPCC strongly recommends the Canine Influenza vaccination, although not required.
- All vaccinations must be current and up to date at time of application.
- ~~_____~~

Online Application Process:

(STEP 1) Submit non-refundable payment for membership online at www.fpdcc.com/dogs . **(STEP 2)** Email completed Vet Health Form (below) to fpd.permits@cookcountyil.gov for faster processing **include owner name & receipt number**. Fees include access to all 3 OLDAs.

Important OLDA Renewals: Memberships can be renewed at any point within the current season. Vet Health Forms approved on or before the 20th of the month will have keyless entry cards reactivated the 1st of following month. However, if approved **after** the 20th keyless entry cards will reactivate 30-45 days after approval.

Fax/Mail Process: Complete page 1 and 2 of this form. Please note *processing time for faxed and mailed forms will be longer*. Submit by **Fax:** 708.771.1071 OR **USPS Mail:** Attn: Permit Department, 536 N Harlem Avenue in River Forest, IL 60305. Make checks payable to "Forest Preserves of Cook County."

VETERINARIAN HEALTH FORM (To be completed by Veterinarian)								
NAME OF DOG OWNER:					DOG OWNER PHONE #			
DOG 1 NAME:			BREED:		RABIES TAG #:			
DOG 1 COLOR:			AGE:					
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 #:			
DOG 2 COLOR:			AGE:					
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 #:			
DOG 3 COLOR:			AGE:					
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.
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 Address Stamp (if applicable):					Veterinarian Signature: _____			
Veterinarian License Number: _____								



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			
I am a New Applicant <input type="checkbox"/> OR I am a Returning OLDA Member <input type="checkbox"/>			
Name:		Date of Birth:	
Address:			
City:	State:	Zip Code:	Apt:
Email:	Phone #:	Number of Dogs (3 Maximum):	
Returning Member(s) to keep your card activated - List FIRST FIVE numbers of keyless card number(s) below			
FOB Keyless Entry Card #:			
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			
Fees: Cook County Resident: \$60 per dog • Non-resident: \$120 per dog • Replacement for lost/damaged 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 or other diseases 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 Preserves 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, 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:	