



2015-2016 APPLICATION FOR OFF-LEASH DOG AREAS

General Headquarters: 536 N. Harlem Avenue, River Forest, IL 60305
(800) 870-3666

Arnold Randall, General Superintendent

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

PERMITS ARE VALID OCTOBER 1, 2015 TO SEPTEMBER 30, 2016

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

Applicant (Owner) Information		
Name:	Driver's License #:	
Address:	City:	
State:	Apartment/Unit #:	
Date of Birth:	Zipcode:	
Email:	Phone #:	
Are you a resident of Cook County?: <input type="checkbox"/> Yes <input type="checkbox"/> No	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 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)		
Payment Information - Fees are non-refundable and are not pro-rated		
Fees: Cook County Resident: \$55.00 per dog & Non-resident \$110.00 per dog		
Check:#	Check Amount: \$	
Credit Card (Visa/MasterCard Only):		
Expiration Date:	CCV Code (last 3 digits on the back of card):	
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:	



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The following must be completed by a licensed veterinarian.

Immunization Dates: Please indicate whether immunization is 1 yr. or 3 yr. and provide date of immunization						
	Distemper	Hepatitis	Parvovirus	Leptospirosis	Rabies	Bordetella
Dog 1 Name: _____	<input type="checkbox"/> 1 yr. <input type="checkbox"/> 3 yr.	<input type="checkbox"/> 1 yr. <input type="checkbox"/> 3 yr.	<input type="checkbox"/> 1 yr. <input type="checkbox"/> 3 yr.	<input type="checkbox"/> 1 yr. <input type="checkbox"/> 3 yr.	<input type="checkbox"/> 1 yr. <input type="checkbox"/> 3 yr.	<input type="checkbox"/> 1 yr. <input type="checkbox"/> 3 yr.
Rabies Tag #: _____						
Dog 2 Name: _____	<input type="checkbox"/> 1 yr. <input type="checkbox"/> 3 yr.	<input type="checkbox"/> 1 yr. <input type="checkbox"/> 3 yr.	<input type="checkbox"/> 1 yr. <input type="checkbox"/> 3 yr.	<input type="checkbox"/> 1 yr. <input type="checkbox"/> 3 yr.	<input type="checkbox"/> 1 yr. <input type="checkbox"/> 3 yr.	<input type="checkbox"/> 1 yr. <input type="checkbox"/> 3 yr.
Rabies Tag #: _____						
Dog 3 Name: _____	<input type="checkbox"/> 1 yr. <input type="checkbox"/> 3 yr.	<input type="checkbox"/> 1 yr. <input type="checkbox"/> 3 yr.	<input type="checkbox"/> 1 yr. <input type="checkbox"/> 3 yr.	<input type="checkbox"/> 1 yr. <input type="checkbox"/> 3 yr.	<input type="checkbox"/> 1 yr. <input type="checkbox"/> 3 yr.	<input type="checkbox"/> 1 yr. <input type="checkbox"/> 3 yr.
Rabies Tag #: _____						
Fecal Sample Test Date: Test must be completed within 120 days of applying for permit						
Dog 1 Name: _____	<input type="checkbox"/> Positive <input type="checkbox"/> Negative			Date of Result: _____		
Dog 2 Name: _____	<input type="checkbox"/> Positive <input type="checkbox"/> Negative			Date of Result: _____		
Dog 3 Name: _____	<input type="checkbox"/> Positive <input type="checkbox"/> Negative			Date of Result: _____		
Veterinarian Information:						
Name of Licensed Veterinarian (please print): _____						
Street Address: _____				City: _____		
State: _____		Zip Code: _____		Phone: _____		
<p style="text-align: center;"><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></p> <p>Veterinarian Signature: _____ Veterinarian License Number: _____</p> <p>Veterinarian Address Stamp (if applicable): _____</p>						

Submit completed applications via:

Mail: 536 N. Harlem Ave, River Forest, IL 60305 – Attn. Permit Dept.

Fax: (708) 771-1071

Email: fpdcc.rvp@cookcountyil.gov