



**Village of Forest Park**  
**517 Desplaines Ave**  
**Forest Park, IL 60130**  
**Phone: 708/366-2323**  
**Fax: 708/488-0361**  
[www.forestpark.net](http://www.forestpark.net)

*Office Use Only*

Tag License# \_\_\_\_\_  
Fee: \$ \_\_\_\_\_  
Date: \_\_\_\_\_  
Check #: \_\_\_\_\_  
Cash: \_\_\_\_\_  
Charge: \_\_\_\_\_  
Dog: \_\_\_\_\_ Cat: \_\_\_\_\_  
Initial: \_\_\_\_\_

**ANIMAL LICENSE APPLICATION**

Pet Owner's Name: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Animal's Name: \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Male: \_\_\_\_\_ Female: \_\_\_\_\_

Altered: \_\_\_\_\_ Altered: \_\_\_\_\_

Registered Veterinarian: \_\_\_\_\_

Veterinarian Phone: \_\_\_\_\_

Vaccination Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Rabies Tag #: \_\_\_\_\_ Avid Chip # \_\_\_\_\_

I hereby certify I am the owner or keeper of the above described animal. The animal is entirely safe and has been inoculated within the last twelve (12) or thirty-six (36) months with a prophylactic serum to prevent rabies.

Applicant's Signature: \_\_\_\_\_

Municipal Code: (5-1-3, 5-1-4, 5-1-5)

A license is required within ten (10) days of acquisition of the animal.

Or the animal attaining the age of four (4) months

Due May 1<sup>st</sup> - - Fee: \$10.00

Vaccination certificate must be presented confirming vaccination against rabies within the past twelve (12) months.

Animal must wear collar and tags.

Running at large is forbidden. Animals must be held or led by chain or leash.

It is unlawful for any person to allow their animal to urinate or defecate on or upon any public street, sidewalk, parkway, playground, park area or any other property not owned by the pet owner or custodian thereof.