



Dog Owner Information:			
Name:		Date of Birth:	
Address:	City:	State:	Zip Code:
Email:		Phone:	

Fees: <i>All fees are non-refundable, non-prorated, and non-transferable. Fees are ½ price starting August 1</i>
Resident (60201 & 60202): \$0 for the first dog, \$0 for each additional dog
Non-Resident: \$200 for the first dog, \$75 for each additional dog

Dog Beach/Park Waiver & Release of All Claims and Indemnification Agreement:
<p>Please read this form carefully and be aware that in consideration for permission to use this facility, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages, or loss which you or your dog might sustain as a result of participating in any and all activities connected with and associated with the use of the dog beach.</p> <p>I recognize and acknowledge that there are certain risks of physical injury to the dog and its owner in association with participating in dog activities, and I voluntarily agree to assume the full risk of any injuries, damages or loss, regardless of severity, that I might sustain as a result of participating in any and all activities connected with or associated with use of the dog beach.</p> <p>I do hereby agree to waive, relinquish, release and forever discharge the City of Evanston including its officials, agents, volunteers and employees from any and all claims for injuries, damages or loss that I may have or which may accrue to me and arising out of, connected with, or in any way associated with this use of this facility or surrounding area.</p> <p>I further agree to indemnify and hold harmless and defend the City of Evanston from and against any and all losses, claims, damages, liabilities, cause of actions, and expenses (including attorney fees), on account of personal injuries or death to any person or dog, or damages to property occurring, growing out of, incident to, or resulting directly or indirectly from my use of this facility or surrounding area.</p>
Signature: _____ Date: _____

For Office Staff Only
Assigned Dog Beach Pass #: _____
Assigned Dog Beach Pass #: _____
Assigned Dog Beach Pass #: _____

Cook County requires operators of off-leash dog facilities to verify that all dogs using the facility are current on all vaccinations/tests. Please list the dates vaccines/tests were administered to each dog. Fecal tests must not expire within 30 days of your application submission. Pets must also be licensed by the municipality where their owner resides, OR provide proof that their municipality does not require a pet license.

Veterinarian Verification Form: To be Completed by Your Veterinarian						
Dog Owner Name:			Phone:			
Dog 1 Name:		Breed:		Age:		Sex: M / F
Dog 1 Color:		Rabies Tag #:		Pet License #:		
Distemper <input type="checkbox"/> 1 yr <input type="checkbox"/> 3yr	Hepatitis <input type="checkbox"/> 1 yr <input type="checkbox"/> 3yr	Parainfluenza <input type="checkbox"/> 1 yr <input type="checkbox"/> 3yr	Parvovirus <input type="checkbox"/> 1 yr <input type="checkbox"/> 3yr	Bordetella <input type="checkbox"/> 1 yr <input type="checkbox"/> 3yr	Leptospirosis <input type="checkbox"/> 1 yr <input type="checkbox"/> 3yr	Fecal Test <input type="checkbox"/> Neg <input type="checkbox"/> Pos
___/___ Mo. Yr.	___/___ Mo. Yr.	___/___ Mo. Yr.	___/___ Mo. Yr.	___/___ Mo. Yr.	___/___ Mo. Yr.	___/___/___ Date of Result
Dog 2 Name:		Breed:		Age:		Sex: M / F
Dog 2 Color:		Rabies Tag #:		Pet License #:		
Distemper <input type="checkbox"/> 1 yr <input type="checkbox"/> 3yr	Hepatitis <input type="checkbox"/> 1 yr <input type="checkbox"/> 3yr	Parainfluenza <input type="checkbox"/> 1 yr <input type="checkbox"/> 3yr	Parvovirus <input type="checkbox"/> 1 yr <input type="checkbox"/> 3yr	Bordetella <input type="checkbox"/> 1 yr <input type="checkbox"/> 3yr	Leptospirosis <input type="checkbox"/> 1 yr <input type="checkbox"/> 3yr	Fecal Test <input type="checkbox"/> Neg <input type="checkbox"/> Pos
___/___ Mo. Yr.	___/___ Mo. Yr.	___/___ Mo. Yr.	___/___ Mo. Yr.	___/___ Mo. Yr.	___/___ Mo. Yr.	___/___/___ Date of Result
Dog 3 Name:		Breed:		Age:		Sex: M / F
Dog 3 Color:		Rabies Tag #:		Pet License #:		
Distemper <input type="checkbox"/> 1 yr <input type="checkbox"/> 3yr	Hepatitis <input type="checkbox"/> 1 yr <input type="checkbox"/> 3yr	Parainfluenza <input type="checkbox"/> 1 yr <input type="checkbox"/> 3yr	Parvovirus <input type="checkbox"/> 1 yr <input type="checkbox"/> 3yr	Bordetella <input type="checkbox"/> 1 yr <input type="checkbox"/> 3yr	Leptospirosis <input type="checkbox"/> 1 yr <input type="checkbox"/> 3yr	Fecal Test <input type="checkbox"/> Neg <input type="checkbox"/> Pos
___/___ Mo. Yr.	___/___ Mo. Yr.	___/___ Mo. Yr.	___/___ Mo. Yr.	___/___ Mo. Yr.	___/___ Mo. Yr.	___/___/___ Date of Result
Name of Licensed Veterinarian/Animal Hospital:						
Address:			City, State, Zip:			
Phone:						
<p>I verify that the following dog(s) are current in all the vaccinations and tested as required by the Cook County Animal & Rabies Control Ordinance: Vaccinations for Rabies, Distemper, Hepatitis, Parainfluenza, Parvovirus, Bordetella, Leptospirosis, and a stool sample test for internal parasites.</p>						
Veterinarian Address Stamp (if applicable):			Vet Signature: _____			
			Date: _____			
			Veterinarian License Number: _____			