



**Public Health Department**

# Animal License Application

The Village of Oak Park  
Village Hall  
123 Madison Street  
Oak Park, Illinois 60302-4272

708.383.6400  
Fax 708.383.5115  
TTY 708.383.0048  
village@oak-park.us

Please Type or Print

Last Name of Owner _____		First Name of Owner _____		Date _____	<b>For Office Use Only</b>
Address _____					License _____
Home Phone _____		Business Phone _____			for year beginning _____
					May 1, 20 _____

Dog <input type="checkbox"/>	Male <input type="checkbox"/>	Name _____			Color _____
Cat <input type="checkbox"/>	Female <input type="checkbox"/>	Breed _____			<b>Fees</b>
Rabies Certificate No. _____		Inoculation Date _____		1yr <input type="checkbox"/>	3yr <input type="checkbox"/>
		Inoculation Site (County & State) _____			\$13 regular \$ _____
					\$10 spay/neuter \$ _____

**Note:** Certificate of Inoculation for Rabies **must accompany application**, either by mail or person. Same will be returned with license and receipt (if processed by mail). Neuter/spay certificate required for \$10 license or cat license. Return all copies to the Department of Public Health Animal Control Division. Make checks payable to: Village of Oak Park.