

ANIMAL LICENSE APPLICATION FORM

PAY BY MAIL: SEND CHECK, COMPLETED FORM & VACCINATION CERTIFICATE

PAY IN PERSON: BRING COMPLETED FORM & VACCINATION CERTIFICATE

ANIMAL LICENSE APPLICATION

MAIL OR BRING THIS CARD WITH PAYMENT

City of Chicago Heights
1601 Chicago Road
Chicago Heights, IL 60411
708-756-5304

PET NAME _____

NAME OF ANIMAL CLINIC PROVIDER:

TYPE _____

BREED _____

SEX _____ COLOR _____

RABIES # _____

NAME _____

EXPIRATION DATE ____/____/____

ADDRESS _____

ATTACH COPY OF VACCINATION CERTIFICATE

HOME PHONE _____

CELL _____

For Office Use:

FEE \$ _____ NEW TAG # _____

DATE ____/____/____

A current certificate of vaccination MUST accompany this application

8/27/12