



1707 ST. JOHNS AVENUE
HIGHLAND PARK, ILLINOIS 60035
(847) 432-0800

DOG LICENSE APPLICATION
One (1) Application per Dog

Owner Name: _____

License No. _____	License Description _____	License Expiration Date _____	Customer No. _____
	Dog License		

CURRENT RABIES VACCINATION CERTIFICATE REQUIRED

Primary Address: _____

HIGHLAND PARK, IL 60035

Phone Number: _____

Email Address: _____

Dog Name: _____

Dog Breed: _____

Dog Color: _____

Dog Gender: MALE FEMALE

Dog Size: SMALL MEDIUM LARGE

Spayed/Neutered: YES NO

Dog Micro-Chipped: YES NO

Dog Birth Year: _____

Rabies Exp Date: _____ (mo/day/year)

FEE: Neutered \$7.00 Tag #: _____

Non-Neutered \$12.00

Make Check Payable to: City of Highland Park

Return entire form to: City of Highland Park, Finance Department, 1707 St Johns Ave, Highland Park, IL 60035

******* FOR OFFICE USE ONLY *******

Dog Name: _____ Tag # _____ Paid Date: _____

Owners Name: _____

Address: _____ Total Due: _____

Highland Park, IL 60035