Village Resident
Bannockburn, Illinois 60015

Re: Dog License Application

Dear Resident:

Enclosed is the Village’s Dog License Application form. Please:

- Complete the enclosed application;
- Provide the new rabies tag number with proof of inoculation. If this is your first application, provide proof of rabies inoculation and rabies tag number, with this application form;
- Include your application fee:
  - Neutered or spayed fee: $10.00/dog
  - Not neutered or spayed fee: $20.00/dog

You may mail your application to 2275 Telegraph Road or drop it off at the Village Hall Monday: 8:30 a.m. – 5:00 p.m.; Tuesday, Thursday – 8:30 a.m. – 4:30 p.m.; Wednesday – 7:30 a.m. – 4:30 p.m.; Friday – 7:30 a.m. – Noon. Please note that dogs found unlicensed are subject to code violation enforcement, as noted in Ordinance 2004-05.

Should you have any questions regarding this application, please feel free to contact the Village Hall at 847-945-6080.

Sincerely,

Village of Bannockburn
VILLAGE OF BANNOCKBURN
DOG LICENSE APPLICATION

Date: __________________________

Owner’s Name: ____________________________________________________________

Address: __________________________________________ Bannockburn, IL        Phone: (847) ______________________

Please indicate sq. footage of lot: 1 acre = 43,560 sq. ft. ____________________ sq. ft.

Office Use Only

Dog 1:

Tag No.

Name of Dog: __________________________  Breed: __________________________  Age: ______ yrs. ______ mo.

Sex: ___ Male  ___ Female  Neutered/Spayed: ___ Yes  ___ No  Date of Rabies Inoculation: ______ / ______ / ______

Vet’s Name/Phone: __________________________________________  Lake Co. Tag No. ____________

Coloring: __________________________  Hair Length: ___ Long  ___ Short  ___ Straight  ___ Curly

(PLEASE CHECK ALL THAT APPLY)

Office Use Only

Dog 2:

Tag No.

Name of Dog: __________________________  Breed: __________________________  Age: ______ yrs. ______ mo.

Sex: ___ Male  ___ Female  Neutered/Spayed: ___ Yes  ___ No  Date of Rabies Inoculation: ______ / ______ / ______

Vet’s Name/Phone: __________________________________________  Lake Co. Tag No. ____________

Coloring: __________________________  Hair Length: ___ Long  ___ Short  ___ Straight  ___ Curly

(PLEASE CHECK ALL THAT APPLY)

Office Use Only

Dog 3:

Tag No.

Name of Dog: __________________________  Breed: __________________________  Age: ______ yrs. ______ mo.

Sex: ___ Male  ___ Female  Neutered/Spayed: ___ Yes  ___ No  Date of Rabies Inoculation: ______ / ______ / ______

Vet’s Name/Phone: __________________________________________  Lake Co. Tag No. ____________

Coloring: __________________________  Hair Length: ___ Long  ___ Short  ___ Straight  ___ Curly

(PLEASE CHECK ALL THAT APPLY)