



The Village of Glenview

ANIMAL LICENSE APPLICATION

PLEASE PRINT CLEARLY

Owner's Name _____
(last) (first)

Address _____

City _____ ST _____ ZIP _____

Phone Number:

Home _____ Cell _____ Work _____

Type of Animal _____ DOG _____ CAT

Sex _____ MALE _____ FEMALE

Neutered _____ YES _____ NO

Animal's Name _____

Breed _____ Color _____

Rabies Tag # (mandatory) _____ Date Vaccinated _____

Microchip _____ YES _____ No

Microchip ID Number _____ Brand _____

Please mail/return to:

Village of Glenview
Police Department
2500 East Lake Avenue
Glenview, IL 60025

Expires June 30th

For Office Use Only:

License # _____ Date Received _____ Initials _____