



The Village of Glenview

ANIMAL LICENSE APPLICATION FORM

PLEASE PRINT CLEARLY

OWNER'S NAME _____
(last) (first)

ADDRESS _____

CITY _____ ST _____ ZIP _____

PHONE NUMBER HOME _____

WORK _____

CELL _____

TYPE OF ANIMAL _____ DOG _____ CAT

SEX _____ MALE _____ FEMALE

NEUTERED _____ YES _____ NO

ANIMAL'S NAME _____

BREED _____ COLOR _____

RABIES TAG# _____ DATE VACCINATED _____

MIRCOCHIP _____ YES _____ NO

MICROCHIP ID NUMBER _____ BRAND _____

PLEASE MAIL/RETURN TO:

VILLAGE OF GLENVIEW
1225 WAUKEGAN ROAD
GLENVIEW, IL 60025
PHONE 847.724.1700

Due by June 30

LICENSE _____

DATE
RECEIVED _____

FOR OFFICE USE ONLY