

CAT LICENSE APPLICATION  
DOG LICENSE APPLICATION

License # \_\_\_\_\_  
Expires April 30, \_\_\_\_\_

PHONE \_\_\_\_\_  
Vaccination Number / Vaccination Date \_\_\_\_\_

OWNER'S NAME \_\_\_\_\_

OWNER'S ADDRESS \_\_\_\_\_

Female  
 Male

COLOR \_\_\_\_\_ BREED \_\_\_\_\_ NAME \_\_\_\_\_

RETURN ALL COPIES, RABIES CERTIFICATE AND CHECK TO:  
Village of River Forest  
400 Park Avenue, River Forest, IL 60305