



# 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 30<sup>th</sup>*

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For Office Use Only:

License # \_\_\_\_\_ Date Received \_\_\_\_\_ Initials \_\_\_\_\_