



Evanston Recreation Division **DOG BEACH PERMIT APPLICATION**

Make checks payable to: City of Evanston

Fee Per Dog: Evanston Resident (60201/60202): Free
Nonresident: \$200 first dog, \$75 each additional dog
Starting August 1, fees are half-price

Please print clearly.

Owner's Name _____ Street address _____

City/State/ZIP _____ Phone number _____ Email: _____

SIGN UP FOR E-MAIL NOTIFICATIONS: The Recreation Division uses e-mail to notify patrons of closures and for other correspondence. If you have an e-mail address, but are not already on the list, please join it. We will not sell your e-mail address or abuse the privilege. **To join the list:** go to www.cityofevanston.org/newsletter, enter and submit your e-mail address, then select "Dog Beach" from Recreation section.

Please fill in your dog's information

Shaded area below is for office use only.

	Name	Breed	Color	Sex	3 Vet Verification	3 Pet License	Pass Numbers
1							
2							
3							

Please have your veterinarian fill out the verification form on the back. No other paperwork will be accepted as proof of shots tests.

CITY OF EVANSTON — DOG BEACH WAIVER & RELEASE OF ALL CLAIMS AND INDEMNIFICATION AGREEMENT

Please read this form carefully and be aware that in consideration for permission to use this facility, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your dog might sustain as a result of participating in any and all activities connected with and associated with use of the dog beach.

I recognize and acknowledge that there are certain risks of physical injury to the dog and its owner in association with participating in dog activities, and I voluntarily agree to assume the full risk of any injuries, damages or loss, regardless of severity, that I might sustain as a result of participating in any and all activities connected with or associated with use of the dog beach.

I do hereby agree to waive, relinquish, release and forever discharge the City of Evanston including its officials, agents, volunteers and employees from any and all claims for injuries, damages or loss that I may have or which may accrue to me and arising out of, connected with, or in any way associated with this use of this facility or surrounding area.

I further agree to indemnify and hold harmless and defend the City of Evanston from and against any and all losses, claims, damages, liabilities, cause of actions, and expenses (including attorney fees), on account of personal injuries or death to any person or dog, or damages to property occurring, growing out of, incident to, or resulting directly or indirectly from my use of this facility or surrounding area.

Signature

Printed Name

Date



Cook County Animal and Rabies Ordinance Verification Form

Sections 1 & 2 must be filled out completely

Cook County requires that operators of an off leash dog facility verify that all dogs using said facility:

1. Show proof of current vaccinations/tests for: Rabies, Distemper, Hepatitis, Parainfluenza, Parvovirus, Bortetella, Leptospirosis and Stool sample.
2. Show proof that they are licensed by the municipality where their owner resides OR provide proof that their municipality does not require a pet license.
 - The City of Evanston **CAN NOT** waive any of these requirements, only Cook County can issue a waiver.
 - If you would like to inquire about a waiver or have questions about these requirements, you will need to contact Cook County at 708-974-6140.
 - If they do issue you a waiver, you will need to attach that waiver to your Dog Beach Permit application.

Section 1: Vaccinations & Tests Verification: *Please have your veterinarian office/animal hospital fill in and sign or stamp.*

I verify that the following dog/dogs are current in all the vaccinations and tested as required by the Cook County Animal & Rabies Control Ordinance: Vaccinations for Rabies, Distemper, Hepatitis, Parainfluenza, Parvovirus, Bordetella, Leptospirosis and a Stool Sample test for internal parasites.

Dog #1 (name) _____ Dog#2 (name) _____ Dog #3 (name) _____

Veterinarian/Animal Hospital: _____

Address, City: _____ Phone: _____

Signature of Veterinarian, Staff or Office Stamp: _____

Section 2: Verification of Pet License: *Please fill in to show proof of Pet License.*

Evanston Residents (60201 & 60202)

My 2024 City of Evanston Pet License Number/s are:	Dog 1:	Dog 2:	Dog 3:
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Non-residents

My municipality requires a pet license: I have attached proof that my dog/s have a valid license	<input type="checkbox"/> YES
My municipality DOES NOT require a pet license: I have attached the required proof	<input type="checkbox"/> YES