

## INSTRUCTIONS

The attached two-part application shows the animals you had licensed last year. Please follow these instructions in completing the application for your new license(s).

1. Correct any inaccurate information in brown shaded area below; include your telephone number if it is not shown.
2. If you no longer own the listed animal, write "delete" next to it in the last box.
3. Complete all boxes of information for any new animal you may have obtained since last year by following these directions. Any animal registered or housed within the village requires a license.
  - A. Enter type of animal
  - B. Enter gender of animal, M for male, F for female
  - C. Enter breed of animal
  - D. Enter color of animal
  - E. Enter name of animal

4. A current rabies vaccination is required for all animals, tags **will not** be issued without a valid vaccination number and date.
5. **Total** all fees due for animals.
6. Mail the two-part application form intact (do not separate) to Village Hall with your check or money order. Allow five (5) working days for return of stickers/tags.
7. As a convenience, you may make your purchases at Village Hall. Please have this form completed upon presentation. You may also purchase animal licenses online. Please visit [www.wsprings.com](http://www.wsprings.com).

*All tags are valid from 5/1 thru 4/30.*



**The Village of Western Springs**  
 740 Hillgrove Avenue  
 Western Springs, IL 60558-0528  
 (708) 246-1800 • FAX (708) 246-0284  
 Visit [www.wsprings.com](http://www.wsprings.com)

## ANIMAL REGISTRATION FORM

**Fee: \$10.00 per Animal**

**Make checks payable to: Village of Western Springs**

**FOR OFFICE USE ONLY**

Date
Tag No.
Phone No.

Type	Gender	Breed	Color	Name	Rabies No.	Exp. Date	Fee Due
<input type="checkbox"/> Cat <input type="checkbox"/> Dog	<input type="checkbox"/> M <input type="checkbox"/> F						
<input type="checkbox"/> Cat <input type="checkbox"/> Dog	<input type="checkbox"/> M <input type="checkbox"/> F						
<input type="checkbox"/> Cat <input type="checkbox"/> Dog	<input type="checkbox"/> M <input type="checkbox"/> F						

**★ You MUST provide rabies vaccination number and expiration date.**

Apt. No.

Western Springs, Illinois

Phone No.

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**SEE INSTRUCTIONS ON REVERSE SIDE**



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