



Cook County Government
Department of Animal and Rabies Control
10220 South 76th Avenue | Bridgeview, IL 60455
(708) 974-6140 | fax (708) 974-6046

Animal Hospital Account Application

Provide us with your current information and mail or fax back to us.

1. Name of Hospital: _____

2. Complete Address: _____

3. Phone Numbers: Office: _____
Fax: _____
E-Mail: _____

4. Names of all veterinarians on staff with their Illinois license numbers:

5. The name of the supervising veterinarian: _____

6. Office Hours: _____

7. Do you anticipate any changes in the above information during the coming year? If so, please state.

8. Do you use a computer based recordkeeping system? If so, what kind of software are you using?

9. Attach a copy of all Illinois Veterinarian Licenses and Controlled Substance Licenses (DEA) for those veterinarians practicing full or part-time at your facility.