



City of Overland Dog Park Application

2019-2020 Season

Dog's Name	Age	Breed	Spayed/ Neutered Date	Rabies - Expiration Date	Bordetella - Expiration Date	DHPP – Expiration Date	Tag Number (office use only)

I have signed the attached Acceptance of Risk and Release of Liability Form. _____(initials)

Owner's Name: _____

Home Address: _____

Street City Zip

Home Phone: _____ Work Phone: _____ Email Address _____

Emergency Contact _____ Phone (H) _____ (W) _____ (C) _____

For notifications about the Dog Park, how would you like us to contact you? (Please circle one) MAIL PHONE EMAIL

Fees (Please circle fee that applies)

	Annual Fee	Additional Dogs (up to 2 max)	TOTAL
Residents			\$
Non- Residents			\$

OFFICE USE ONLY	
Verification of Residency:	<input type="checkbox"/> Driver's License <input type="checkbox"/> Occupancy Permit
Payment:	Cash Check# _____ Debit Credit Other: _____
Receipt#	_____ Today's Date: _____
Proof of residency, spay/neuter, rabies vaccination Bordetella vaccination, and	
DHPP vaccination verified by staff _____ (Staff Initials)	