



# City of Overland Dog Park Application

## 2020-2021 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)	