

# Winchester Dog Park Registration Form

*Please provide an up-to-date copy of shot records (each year you register), including rabies certification from your vet.*

Name of Owner: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home#: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Alternate Contact: \_\_\_\_\_



## Dog #1



Name of Dog: \_\_\_\_\_ Breed: \_\_\_\_\_ Weight: \_\_\_\_\_ lbs.

Color (s): \_\_\_\_\_ Sex: M / F Age: \_\_\_\_\_

License #: \_\_\_\_\_ Exp. Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Rabies #: \_\_\_\_\_ Exp. Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Municipality License issued from: \_\_\_\_\_ (Circle One) \$18 (Resident) / \$24 (Non-Resident)

Gate Access: (Circle One) Small Dog Park / Large Dog Park



## Dog #2



Name of Dog: \_\_\_\_\_ Breed: \_\_\_\_\_ Weight: \_\_\_\_\_ lbs.

Color (s): \_\_\_\_\_ Sex: M / F Age: \_\_\_\_\_

License #: \_\_\_\_\_ Exp. Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Rabies #: \_\_\_\_\_ Exp. Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Municipality License issued from: \_\_\_\_\_ (Circle One) \$6 (Resident) / \$8 (Non-Resident)

Gate Access: (Circle One) Small Dog Park / Large Dog Park

### ***Waiver for participant***

I do hereby agree to allow the individual(s) named herein to participate in the aforementioned activities, and I further agree that the Winchester Parks & Recreation Department, program staff, and volunteers assume no responsibility for injuries while traveling to and from the place of play or while participating in an activity.

I understand that disregarding any of the Winchester Dog Park rules will result in termination of my dog park membership.