

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: _____ (Choose) \$18 (Resident) \$24 (Non-Resident)

Gate Access: (Choose) 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: _____ (Choose) \$6 (Resident) \$8 (Non-Resident)

Gate Access: (Choose) 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.