



## APPLICATION FOR USE OF DOG PARK at Del Rey Oaks

Please review entire application, responsibility and liability release statement, dog park rules and guidelines before completing this application. Please print legibly.

Name of Dog Owner \_\_\_\_\_ Date \_\_\_\_\_

Street \_\_\_\_\_ Daytime Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Evening Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

Veterinarian's Name & Phone No. \_\_\_\_\_

### Dog 1

Name \_\_\_\_\_

Breed \_\_\_\_\_

Color \_\_\_\_\_

Date of Birth \_\_\_\_\_

Sex M F Weight \_\_\_\_\_

License issued by (City/County): \_\_\_\_\_

Spayed or Neutered? Yes No

License# \_\_\_\_\_

Rabies Exp. Date: \_\_\_\_\_

### Dog 2

Name \_\_\_\_\_

Breed \_\_\_\_\_

Color \_\_\_\_\_

Date of Birth \_\_\_\_\_

Sex M F Weight \_\_\_\_\_

License issued by (City/County): \_\_\_\_\_

Spayed or Neutered? Yes No

License# \_\_\_\_\_

Rabies Exp. Date: \_\_\_\_\_

### Dog 3

Name \_\_\_\_\_

Breed \_\_\_\_\_

Color \_\_\_\_\_

Date of Birth \_\_\_\_\_

Sex M F Weight \_\_\_\_\_

License issued by (City/County): \_\_\_\_\_

Spayed or Neutered? Yes No

License# \_\_\_\_\_

Rabies Exp. Date: \_\_\_\_\_

Attach copies of Dog License, Rabies vaccinations and Spay/Neuter Documentation for each dog.

Please print, complete and return all forms to: Del Rey Oaks City Hall, 650 Canyon Del Rey Rd. Del Rey Oaks

### **ACCEPTANCE OF RESPONSIBILITY AND RISK, RELEASE OF LIABILITY**

I hereby acknowledge that I have voluntarily applied for permission to use, with my dog(s), the designated dog park area in the City of Del Rey Oaks, and submitted the required proof of license, Rabies vaccination and spay/neuter documentation. All information provided in this application is accurate and truthful to the best of my knowledge. I understand that falsification of information may result in revocation of dog park privileges.

I understand that unleashing my dog and being physically present at a dog park area involves risks of injury to me, any individual accompanying me, other people, my dog(s) and other dogs. Risks include, but are not limited to, exposure to aggressive dogs, unpredictable behavior, and lack of training, as well as dog fights, dog bites, theft or unlawful capture, escape over and under fences, vegetation or standing water that may be unhealthful or poisonous if consumed, burrs or seeds that may become lodged in a dog's coat, feet, eyes, nose or ears, mosquitoes, ticks, fleas, holes dug by other dogs or other wildlife and wildlife typically found in a park.

I further understand and assume that despite the efforts of the City of Del Rey Oaks to ensure that owners have complied with the rule requiring all dogs to be vaccinated for Rabies there is risk that not all dogs present in the dog park have had the required vaccinations, and that this could result in harm to other dogs and human beings.

I also understand that use of dog park areas is self-directed and not directly supervised by any agent or employee of the City of Del Rey Oaks. I assume all risks associated with using the dog park, including fixtures and equipment, in a responsible, unsupervised, and self-directed manner.

By signing this release, I agree to indemnify and hold harmless the City of Del Rey Oaks, their agents, officers and employees from and against all loss, cost, damages, expense, and liability resulting from my use of the dog park, including death, sickness, injury, and disease to any person or dog, or destruction to property, real or personal, arising directly from my use of the dog park.

I have read the rules and regulations for use of the Del Rey Oaks Dog Park provided with this application and agree to abide by them. I understand that noncompliance with Dog Park rules may result in revocation of dog park use privileges.

I have carefully read this release of liability and understand, agree with, and accept its terms and conditions.

Sign \_\_\_\_\_ Date \_\_\_\_\_

PRINT

For office use \$ \_\_\_\_\_ Replace Lost Key \$10  Cash  Check # \_\_\_\_\_  Credit card # \_\_\_\_\_

Issued by: \_\_\_\_\_ Date: \_\_\_\_\_ Key #(s) \_\_\_\_\_