



CEDAR RAPIDS
Animal Care & Control



CEDAR RAPIDS
City of Five Seasons

CEDAR RAPIDS ANIMAL CARE & CONTROL DOG PARK PERMIT APPLICATION

Pet Owner Name: _____ Pet Name: _____

Address: _____ City: _____ Zip: _____

Phone numbers: _____ Cell: _____ Work: _____

Dog Breed: _____ Male/Female: _____ Sterilized: Yes No

Sterilization Verification: Yes No Vaccinations/Rabies: Yes No

Veterinarian: _____

Recall Certificate: Yes No Comments: _____

Multiple Dogs: Yes No How many: _____

Dog Breed: _____ Male/Female: _____ Sterilized: Yes No

Sterilization Verification: Yes No Vaccinations/Rabies: Yes No

Veterinarian: _____

Recall Certificate: Yes No Comments: _____

Dog Breed: _____ Male/Female: _____ Sterilized: Yes No

Sterilization Verification: Yes No Vaccinations/Rabies: Yes No

Veterinarian: _____

Recall Certificate: Yes No Comments: _____

Dog Breed: _____ Male/Female: _____ Sterilized: Yes No

Sterilization Verification: Yes No Vaccinations/Rabies: Yes No

Veterinarian: _____

Recall Certificate: Yes No Comments: _____

Use additional forms if necessary to list all multiple dog information.

Discount:

• Sterilized: \$5 • Recall Certificate • Multiple Dog **TOTAL:** _____

Issued By _____ Signature: _____

Owner Signature: _____



**CEDAR RAPIDS ANIMAL CARE & CONTROL
DOG PARK PERMIT APPLICATION**

Liability Waiver

Please read the following paragraphs carefully before signing.

I, _____, acknowledge my understanding that participant use of the Cedar Rapids Dog Park(s) may place me and / or my pets in a hazardous situation and could result in injury or illness, and I assume that risk. I agree to hold harmless the Cedar Rapids Animal Care & Control department, Parks & Recreation department, all employees, all volunteers and the City of Cedar Rapids from any liability whatsoever that may arise from my participation.

I understand that public relations are an important part of activities on behalf of Cedar Rapids Animal Care & Control, the Parks & Recreation department, and/or the City of Cedar Rapids, and I hereby authorize the above to use any photographs of me and/or my pets for public relations purposes.

I certify that all information provided is accurate and true. It is with my signature that I acknowledge that I have read and understand this form and agree to work under all the rules and regulations as set forth by the Cedar Rapids Animal Care & Control department and/or the Parks & Recreation department for use of the City Dog Parks.

Signature

Date