



# Westchester Park District Dog Park Permit Application

**FEES:**

*RESIDENTS:* \$20 for the 1<sup>st</sup> dog, \$5 for each additional dog, 3 max.

*NON-RESIDENTS:* \$80 for the 1<sup>st</sup> dog, \$20 for each additional, 3 max.

**Fees/Permits are non-refundable and non-transferable**

Office Use Only

Dog Permit/Badge #: \_\_\_\_\_

Resident: \_\_\_\_\_ Non-resident: \_\_\_\_\_

Total Paid: \_\_\_\_\_

Cash: \_\_\_\_\_ Charge \_\_\_\_\_ Check# \_\_\_\_\_

Date: \_\_\_\_\_

Initial: \_\_\_\_\_

 *New Application* *Renewal*

Owner's Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone : (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ e-mail: \_\_\_\_\_

Pet Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Sex: \_\_\_\_\_ Weight: \_\_\_\_\_ Age: \_\_\_\_\_ Color: \_\_\_\_\_

Rabies Tag # and exp. date: \_\_\_\_\_ / \_\_\_\_\_ Animal license # and exp. date: \_\_\_\_\_ / \_\_\_\_\_

**List both the date administered and the date of expiration**

Distemper

/

Kennel Cough/Bordetella

/

Para-Influenza

/

Parvovirus

/

Hepatitis

/

Parasite Tests

/

Spayed/ Neutered: *(circle one)*

Y N

**VALIDATION REQUIRED FROM VETERINARIAN:**

VETERINARIAN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: (\_\_\_\_) \_\_\_\_\_

Veterinarian's Signature: \_\_\_\_\_

**SEE REVERSE SIDE FOR DISCLAIMER & SIGNATURE REQUIREMENT AND ADDITIONAL PET INFORMATION**

**#2** Pet Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Sex: \_\_\_\_ Weight: \_\_\_\_ Age: \_\_\_\_ Color: \_\_\_\_\_  
Rabies Tag # and exp. date : \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Animal license # and exp. date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**List both the date administered and the date of expiration**

Distemper  
/

Kennel Cough/Bordetella  
/

Para-Influenza  
/

Parvovirus  
/

Hepatitis  
/

Parasite Tests  
/

Spayed/Neutered: (*circle one*)  
Y N

**#3** Pet Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Sex: \_\_\_\_ Weight: \_\_\_\_ Age: \_\_\_\_ Color: \_\_\_\_\_  
Rabies Tag # and exp. date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Animal license # and exp. date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**List both the date administered and the date of expiration**

Distemper  
/

Kennel Cough/Bordetella  
/

Para-Influenza  
/

Parvovirus  
/

Hepatitis  
/

Parasite Tests  
/

Spayed/Neutered: (*circle one*)  
Y N

***By signing below, I acknowledge that I have received a copy of the Westchester Park District's Dog Park rules and regulations and agree to abide by the same. I also acknowledge that the information in this application is true and accurate to the best of my knowledge.***

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**You must have your badge at all times while on-site at the Dog Park and all dogs must wear their tags.**