

## Lower Allen Township Dog Park Registration

Name of Guardian:

Address:

Municipality:

City:

State:

Zip Code:

Home Phone:

Cell Phone:

Work Phone:

Email Address(s):

Make of Vehicle #1:

Model:

Plate:

Make of Vehicle #2:

Model:

Plate:

### **Dog #1**

Dogs Name:

Age:

Breed:

Sex:

### **Dog #2**

Dogs Name:

Age:

Breed:

Sex:

### **Dog #3**

Dogs Name:

Age:

Breed:

Sex:

**MUST ATTACH PROOF OF ANIMAL LICENSE AND CURRENT VACCINATION RECORD FROM YOUR VETERINIRIAN (including but not limited to rabies, distemper, and Bordetella.) Please remember it is your responsibility to submit any updated records to Lower Allen Township. Failure to do so could result in registration being revoked.**

### **AGREEMENT FOR REGISTRATION**

I agree to hold Lower Allen Township harmless from any claim of loss or injury which may be alleged to have been caused directly or indirectly to any person or thing by the act of my dog while in or upon the premises or ground near any entrance thereto, and I personally assume all responsibility and liability for any such claims and I further agree to hold the aforementioned parties harmless from any claim for loss of this dog by disappearance, theft, death or otherwise, and from any claim for damage or injury to the dog, whether such loss, disappearance, theft, damage or injury be caused or alleged to be caused by the negligence of Lower Allen Township Dog Park or any other of the parties aforementioned or by the negligence of any other person, or any other cause or causes. I have read and understand the rules and regulations governing the use of the dog park and I agree to comply with all the regulations as stated.

Signature:

Date:

Print Name: