

City of Salem Park, Recreation and Community Services
2011 Leslie's Retreat Dog Park Application

Name _____ City Dog License # _____
Address _____ City _____ Zip Code _____
Phone _____ E Mail _____

(*The above information is important, please be sure to fill it out!)

Name of Dog _____ Breed _____ M/F _____ Age _____
Vet Name _____ Vet Phone # _____

Please attach the following documents

- ____ Proof of Spay/Neuter
- ____ Certificate of Rabies Vaccination
- ____ Proof of Distemper Vaccination

I have been provided with and have read through a copy of the City of Salem Park, Recreation and Community Services Dog Park Rules and Regulations and agree to abide by all rules set forth therein.

Signature
(Also please sign page 3!)

Date

Park and Recreation Use Only

Date Submitted _____ Pooch Pass # _____
Amount Paid _____ Cash _____ Check # _____
Initials _____