



Glass City Dog Park Membership Application



Owner Information

Name(s)			
Mailing Address	City	State	Zip
Cell Phone	Alternate Phone		
Email Address	Join Email List? <input type="checkbox"/> Yes <input type="checkbox"/> No Contact Me About Volunteering <input type="checkbox"/> Yes <input type="checkbox"/> No		
Emergency Contact	Emergency Contact Phone		

Dog Information

Dog #1

Name	Breed	Gender	Weight
Color	Birthdate	<input type="checkbox"/> Spayed <input type="checkbox"/> Neutered	
Has this dog ever shown aggressive tendencies toward people or other dogs? If yes, please explain.			
Dog License Number	County Issued		

Dog #2

Name	Breed	Gender	Weight
Color	Birthdate	<input type="checkbox"/> Spayed <input type="checkbox"/> Neutered	
Has this dog ever shown aggressive tendencies toward people or other dogs? If yes, please explain.			
Dog License Number	County Issued		

Dog #3

Name	Breed	Gender	Weight
Color	Birthdate	<input type="checkbox"/> Spayed <input type="checkbox"/> Neutered	
Has this dog ever shown aggressive tendencies toward people or other dogs? If yes, please explain.			
Dog License Number	County Issued		

Please send check or money order (payable to Toledo Unleashed) and all forms to;

Glass City Dog Park
2201 Ottawa Parkway
Toledo OH 43606

glasscitydogpark.org



Glass City Dog Park Rules

1. For health and safety, all dogs must be legally licensed, spayed or neutered and up to date on all vaccinations.
2. An active Glass City Dog Park membership is required. Allowing non-member dogs to enter the park is prohibited.
3. Handlers must scoop the poop and fill any holes dug by dogs under their control.
4. Only dogs six months of age or older are permitted.
5. For the protection of children and dogs, handlers must be 18 or older. Children under 14 years of age are not permitted in the dog park.
6. A maximum of three dogs per handler are permitted at any time.
7. Dogs must be under voice control of their handler and in view of their handler at all times. Cell phone use in the dog park is strongly discouraged.
8. Owners must carry a leash at all times. If collars are worn in the off-leash area, quick-release collars are strongly preferred. Pinch, choke and spike collars are prohibited.
9. Smoking, alcohol, food, treats for dogs or glass containers are not permitted.
10. Handlers must remove dogs from the off-leash area at the first sign of aggression.
11. Wastefulness or theft of resources (pet waste bags, water, etc.) is prohibited.
12. Dog training and solicitations of any kind are prohibited.
13. Users of the Glass City Dog Park do so at their own risk. Those who enter agree to indemnify, waive liability, and hold harmless Toledo Ohio Pet Services, Inc., Toledo Unleashed, and the City of Toledo for any and all property and/or body damages, including legal fees. Handlers are responsible for any injuries caused by their dog(s).
14. Failure to abide by dog park rules is grounds for immediate revocation of Glass City Dog Park membership without warning or refund.

Park Hours: Dawn to Dusk Daily

The park may be closed during maintenance and other pre-determined periods.

*Help us keep Glass City Dog Park safe and clean.
Please leave your dog park nicer than you found it.*

FOR EMERGENCIES, CALL 911



*CONTACT us at
info@glasscitydogpark.org*

I acknowledge that I have read and received the Glass City Dog Park rules and agree to abide by these rules at all times. I understand that violations to the Glass City Dog Park rules is cause for revocation of my Glass City Dog Park membership without refund and that these rules are subject to change at any time.

Signature: _____ Date: _____



Glass City Dog Park Release And Waiver Of Liability And Assumption Of Risk

The Glass City Dog Park is intended to provide a fun and rewarding experience for a dog and its owner/handler. However, despite careful and proper preparations, I understand that with the use of this park there is still a risk of serious damage or injury, including death to the dog, its owner/handler or other persons or animals, my guest(s), my property, my dog(s) and to others in the park. Included in these risks are negligence on the part of Glass City Dog Park, Toledo Unleashed, Toledo Ohio Pet Services, its owners, employees, customers and guests. I hereby agree to assume these risks, for my dog(s), my guest(s), my property and me.

I do hereby agree to waive, relinquish, release and forever discharge Glass City Dog Park, Toledo Unleashed, Toledo Ohio Pet Services, and its officers, employees and agents, the City of Toledo, and its officers, employees and agents, and any volunteer assisting or working on behalf of Glass City Dog Park, Toledo Unleashed, Toledo Ohio Pet Services or the City of Toledo from any and all claims or causes of action, including negligence, damages, loss, liability, expenses, breach of contract, breach of any statutory duty of care, or any death and injury, that I may have or which may accrue hereafter to my dog(s), my guest(s) and me arising out of, connected with, or in any way associated with the use of the Glass City Dog Park and surrounding area.

I also assume all responsibilities for my dog(s), my guest(s) and myself and for any liability caused by my dog(s), my guest(s) and me. I further agree to indemnify and hold harmless and defend Glass City Dog Park, Toledo Unleashed, Toledo Ohio Pet Services, and its officers, employees and agents, the City of Toledo, and its officers, employees and agents, and any volunteer assisting or working on behalf of Glass City Dog Park, Toledo Unleashed, Toledo Ohio Pet Services or the City of Toledo from and against any and all losses, claims, damages, liabilities, cause of actions, and expenses (including but not limited to court costs and attorney fees), occurring, growing out of, incident to, or resulting directly or indirectly from my use of this facility and surrounding area, including without limitation any losses, claims, damages, liabilities, cause of actions and expenses on account of personal injury to or death of any person or animal, or damages to property of any person or entity (including but not limited to Glass City Dog Park, Toledo Unleashed, Toledo Ohio Pet Services and the City of Toledo).

I have read and received a copy of this Waiver of Liability. I understand and accept the conditions involved, warning of risk, assumption of risk and waiver and release of all claims.

Signature: _____ Date: _____



Glass City Dog Park Membership Information



Payment Information

Introductory Membership Fee (up to two dogs)	\$40
Additional Dogs (\$10 each)	
Key Card Deposit (refundable upon key card return)	\$5
Additional tax-deductable donation to Toledo Unleashed	
<u>Total</u>	

Membership Fee Payment Method	<input type="checkbox"/> Cash	<input type="checkbox"/> Personal Check	<input type="checkbox"/> Credit Card/PayPal
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Membership Confirmation

I understand that I have read and signed the attached Glass City Dog Park Rules and Glass City Dog Park Liability Waiver. I understand that my Glass City Dog Park membership is pending and will be processed on receipt of my membership dues and verification of vaccinations from my veterinarian. I understand that my membership can be canceled within seven days of my first visit to the park but after that time period, my membership, either ended by myself or Toledo Unleashed, is non-refundable. I understand that I will be issued a swipe card to enter the Glass City Dog Park. Should I require a replacement card, I understand that a \$10 fee applies.

Printed Name _____

Signature _____

Date _____

For Administrative Use Only

Membership Start Date	Membership End Date
Date Payment Received	
Gate Key Number	



Glass City Dog Park Medical History Information



Dog owners, please complete the owner information section only.

Veterinary professionals, please complete the dog information, vaccination history veterinary hospital information and signature sections. Please return this form via postal mail to the address listed below, scan and email to membership@glasscitydogpark.org or fax to 419-754-2670.

Please complete a separate medical history information form for each dog.

Owner Information

Name(s)			
Mailing Address	City	State	Zip
Daytime Phone	Evening Phone		

Dog Information

Name	Breed	Gender	Weight
Color	Birthdate	Age	<input type="checkbox"/> Spayed <input type="checkbox"/> Neutered

Vaccination History

Rabies		DHPP		Bordetella	
Date Given	Expires	Date Given	Expires	Date Given	Expires
LeptoSpirosis					
Date Given	Expires	Additional observations or notes (optional)			

Veterinary Hospital Information

Name(s)			
Address	City	State	Zip
Veterinarian Name	Phone	Email Address	

I hereby certify that the information listed above is accurate to the best of my knowledge.

Veterinarian Signature

Date