

Dog Park Event

□Received Gift Certificate

## Glass City Dog Park Membership Application



**Owner Information** 

Name(s)																																			
Mailing	Addı	ess															ļ	City					St	State				Ziŗ	Zip						
Cell Phone						+	Home Phone																												
Email Address																				$\top$	T														
Emergency Contact						-	Emei	g	ency (	Cont	act	t Phor	ne		Į		1	+			+														
Dog #1															Dc	g I	nfo	rmat	io	<u>n</u>															
Name											Bre	eed											Ger	nder	r					Wei	ght				
Color											Bir	thda	ıte														Spa	ayeo	1 [	] Ne	utei	red	l		
Has this	s dog	ever	sho	wn	aggr	ess	sive	ter	der	ncie	es to	ward	l pec	pl	e or c	othe	er d	logs?	If	f yes,	plea	se	explai	n.											
Has this	0		•		of you	r fa	amil	y fe	or a	it le	east	2 m	onth	s?	□ Ye	es			1	T 1															
Dog Lic	ense	Nun	nber															ount	y I	Issued															
Dog #2											1																								
Name											Bre	ed						Gender					Weight												
Color											Bir	thda	te										$\Box$ Spayed $\Box$ Neutered												
Has this	dog	ever	sho	wn	aggr	ess	sive	ten	den	icie	s tov	varc	l peo	pl	e or o	the	er d	ogs?	If	gyes, j	oleas	se e	explaiı	1.											
Has this				rt o	f you	r fa	amil	y fo	or a	t le	ast s	2 ma	onths	s?	□ Ye	s [			- 1	r															
Dog Lic	Dog License Number County Issued																																		
<u>Dog #3</u>																																			
Name											Bre	ed											Gender						Weight						
Color	Color Birthdate					□ Spayed □ Neutered																													
Has this	dog	ever	sho	wn	aggr	ess	sive	ten	den	ıcie	s tov	varc	l peo	pl	e or c	the	er d	ogs?	If	f yes, j	oleas	se e	explain	ı.											
Has this	dog	beer	ı par	•t o	f you	r fa	amil	y fo	or a	ıt le	east s	2 ma	onths	35	□ Y€	s [	1	No																	
Dog Lic	ense	Nun	ıber														Co	ounty	7 I	[ssued															
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 $\Box$ Other\_





# <u>Glass City Dog Park Rules</u>

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 • Phone 567-307-0703 • Fax 419-754-2670

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 herby 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



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#### Payment Information

Membership Fee (up to two dogs)	\$45
Additional Dogs (\$10 each)	
Key Card Deposit (refundable upon key card return – required for new memberships)	\$5
Coupon Code	
Additional tax-deductible donation to Toledo Unleashed	
Total Payment	

Membership Fee Payment Method	🛛 Cash	Carl Personal Check	Credit Card/PayPal
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When submitting a paper application;

Please send check or money order (payable to Toledo Unleashed) and all forms to; Toledo Unleashed 2201 Ottawa Drive Toledo, Ohio 43606-4338 • Phone 567-307-0703 • Fax 419-754-2670

#### 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	□ Spayed	□ Neutered

#### Vaccination History

Ra	bies	DH	PP	Bordetella				
Date Given	Expires	Date Given	Expires	Date Given	Expires			
Leptospirosis								
Date Given	Expires	Additional observation	ons 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

Glass City Dog Park • 2201 Ottawa Drive • Toledo OH 43606-4338 VetForm@GlassCityDogPark.org • Phone 567-307-0703 • Fax 419-754-2670