

## 2019 Off-Leash Dog Park Permit

**\*All dogs using Perry Dog Park located in Pattee Park must have a permit tag and must be six months old.**

**\*Permits are valid from January to December each year.**

**To obtain this permit, you will need the following:**

1. This completed application. Read and sign the Release of Liability on the back of this form (Page 2).
2. Perry residents need proof of a dog license. Licenses are obtained at the McCreary Community Building.
3. Proof of rabies vaccination from your veterinarian.
4. Payment for the total amount due for this permit.

<b>Permits May Be Obtained In Person At:</b>	<b>Fees:</b>												
McCreary Community Building 1800 Pattee St. Perry, IA 50220 (515)-465-5621	<table style="width: 100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> First Dog</td> <td style="text-align: right;">\$20</td> <td><input type="checkbox"/> \$2 Daily Fee</td> </tr> <tr> <td><input type="checkbox"/> Second Dog</td> <td style="text-align: right;">\$10</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Third Dog</td> <td style="text-align: right;">\$10</td> <td></td> </tr> <tr> <td colspan="2" style="text-align: right;"><b>Total</b></td> <td></td> </tr> </table> <p style="text-align: right; margin-top: 10px;">Limit of three dogs per handler</p>	<input type="checkbox"/> First Dog	\$20	<input type="checkbox"/> \$2 Daily Fee	<input type="checkbox"/> Second Dog	\$10		<input type="checkbox"/> Third Dog	\$10		<b>Total</b>		
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<input type="checkbox"/> Third Dog	\$10												
<b>Total</b>													

Names of Owner(s)	Phone Number	Email Address
Street Address	City	State & Zip Code

First Dog's Name	Dog's Breed	Dog's Age	Male/Female
Description of First Dog (color, markings)	Rabies Certificate/Tag #	Date of Rabies Expiration	

Second Dog's Name	Dog's Breed	Dog's Age	Male/Female
Description of First Dog (color, markings)	Rabies Certificate/Tag #	Date of Rabies Expiration	

Third Dog's Name	Dog's Breed	Dog's Age	Male/Female
Description of First Dog (color, markings)	Rabies Certificate/Tag #	Date of Rabies Expiration	

**Make checks payable to "City of Perry, MCB"**

<b>Signature(s) of Applicant(s)/Owner(s)</b>			<b>Date</b>
Spayed or Neutered? <input type="checkbox"/> Yes <input type="checkbox"/> No	License in State? <input type="checkbox"/> Yes <input type="checkbox"/> No P Tag #: _____	Microchipped? <input type="checkbox"/> Yes <input type="checkbox"/> No ID #: _____	Issued At: <input type="checkbox"/> MCB

Tag Issued: \_\_\_\_\_

Issued by: \_\_\_\_\_

Year Expires/Tag #

Print Name