



District of Columbia Dog Park Registration Tag Application



To be completed by DC Department of Health Animal Disease Prevention Division	
Date of Application:	Registration Tag No:

Requirements

District of Columbia Residents must submit:	Non-Residents must submit:
<input type="checkbox"/> Copy of current DC Dog License <input type="checkbox"/> Copy of current rabies certificate	<input type="checkbox"/> Copy of current rabies certificate

Annual permits are valid from the time they are issued until June 30 of the following year.

Please Print				
Name of Owner:			Name of dog:	
Address:			Breed(s):	
City:	State:	Ward:	Sex:	Age:
Zip Code:			Color:	
Phone: ()			Dog License No:	

**Please complete a separate application for each dog.
A blank dog license application is provided in the packet.**

Assumption of Risk and Release of Liability: Acceptance of the terms and conditions of this release and adherence to Off-Leash Rules are conditions of the dog park registration tag approval, retention and renewal. Dog Park Registration Tags may be revoked for noncompliance.

I hereby acknowledge that I voluntarily have applied to participate and use, with my dog(s), Dog Exercise Areas (DEAs) designated by the District of Columbia and the Department of Parks and Recreation (DPR). I understand that the acts of unleashing my dog(s) or being physically present inside a DEA necessarily involves risks of injury to me, other people, my dog(s) and other dogs, including but not limited to, risks resulting from aggressive or dangerous dogs, unpredictable behavior, lack of training, and lack of vaccination. I expressly assume these risks and responsibility for the actions of my dog and myself. I understand that neither the Government of the District of Columbia, nor an agent or employee of the Government of the District of Columbia is liable for any loss, damage, or injury of any kind sustained by any human or dog while using the DEA. I therefore expressly assume all risks associated with using a DEA, as well as any fixtures or equipment located therein.

By signing this release of liability and using a DEA, I hereby fully and forever release and discharge the Government of the District of Columbia, their employees and agents from any and all claims, demands, damages, or causes of action present of future, whether the same be known or unknown, anticipated, or unanticipated, resulting from or arising out of my intended use of said DEA premises, facilities, or equipment.

I have carefully read this release of liability and understand, agree with and accept its terms and condition. I also have received a copy of the rules for use of DEAs and agree to abide by these rules.

Signature	Date
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Please complete this application, and return it with a copy of the dog's current rabies vaccination to:

**District of Columbia Department of Health
 Animal Disease Prevention Division
 825 North Capitol Street, NE
 Suite 8001
 Washington, DC 20002**

(202) 535-2323