## WEST BRANCH DOG PARK TAG APPLICATION

- ⇒ All dogs using any West Branch Dog Park must have a tag or a day pass.
- ⇒ Tags are valid for one, two, or three years based on payment received.

## To Obtain a Tag, You Will Need the Following:

Year Expires/Tag #

- 1. This completed application. Read and sign the Release of Liability on the back of this form (page 2).
- 2. West Branch residents need proof of a dog license. Licenses are obtained at the West Branch City Offices.
- 3. Proof of rabies vaccination and proof of spay or neuter from your veterinarian.

| 4. Payment for the total                                      | al amount due for this pern                  | nit.                    |                        |                 |               |  |
|---|--|-------------------------|------------------------|-----------------|---------------|--|
| Permits May Be Obtained In Person at the Following Locations: |  |                         |                        | Or Mail to:     |               |  |
| West Branch City Office The Groom Station                     |  | on                      | West Branch City Offi  |                 | Office        |  |
| 110 N Poplar Street   | 117 W Main Street                            |                         |                        | P.O. Box 218    |               |  |
| West Branch, IA 52358   | West Branch, IA 52358                        |                         | West Branch, IA 52358  |                 |               |  |
| 319-643-5888 319-643-5099                                     |  |                         | 319-643-5888           |                 |               |  |
| www.westbranchiowa.org  |  |                         | www.westbranchiowa.org |                 |               |  |
|   |  |                         | •                      |                 |               |  |
|   |  |                         |                        |                 |               |  |
| Names of Owner(s)   |  | hone Number             | E-Mail A               | E-Mail Address  |               |  |
|   |  |                         |                        |                 |               |  |
| Street Address  | treet Address City                           |                         | State & Zip Code       |                 |               |  |
|   |  |                         |                        |                 |               |  |
| Dog's Name  | og's Name Dog's Breed                        |                         | Dog's Age N            |                 | Male/Female   |  |
| •   |  |                         |                        |                 |               |  |
| Description of Dog (color, ma                                 | rkings) R                                    | abies Certificate/Tag # | Date of                | Rabies Expirat  | ion           |  |
|   |  |                         |                        |                 |               |  |
| Veterinary Clinic Name  | eterinary Clinic Name Clinic Location (City) |                         | Clinic Phone Number    |                 |               |  |
| Tag Fees  |  |                         |                        |                 | -             |  |
| =   | rchased to coincide with ra                  | hies vaccination        |                        |                 |               |  |
|   | es next year, you may purch                  |                         | ase choo               | nse one of th   | ne following: |  |
| R=resident NR=nonresident                                     |  | 1 Year Tag              |                        | Year Tag        | 3 Year Tag    |  |
| Permit Fee (Tag Expires when Rabies Expires)                  |  |                         |                        | \$30/NR \$40    | R \$45/NR     |  |
| (1.00 = 4.00  |  | π φ15/ ππ φ25           |                        | , ,             | \$60          |  |
| SubTotal  |  |                         |                        |                 |               |  |
| Animals that are not spayed/neutered add \$5                  |  |                         |                        |                 |               |  |
| TOTAL   |  |                         |                        |                 |               |  |
| Make checks payable to "                                      | City of West Branch."                        |                         |                        |                 |               |  |
|   |  |                         |                        |                 |               |  |
|   |  |                         |                        |                 |               |  |
|   |  |                         |                        |                 |               |  |
| Signature(s) of Applicant(s)                                  | /Owner(s)                                    |                         | Da                     | ite             |               |  |
| Spayed or Neutered? License Info Sheet?                       |  | Microchipped?           |                        | Issued at:      |               |  |
| ☐ Yes ☐ No  | ☐ Yes ☐ No                                   | ☐ Yes ☐ No              |                        | ☐ City WB       |               |  |
|   | WB Tag #:                                    | ID#:                    |                        | ☐ Groom Station |               |  |
|   |  |                         |                        |                 |               |  |
| Tag Issued:   |  | Issued by:              |                        |                 |               |  |

(Print Name)

## RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT FOR WEST BRANCH OFF-LEASH DOG PARKS

I acknowledge that I have voluntarily applied for a permit to use the West Branch Dog Park with my dog(s).

I understand that the act of being physically present in the park where many off-leash dogs, including my own, will be present involves risks of injury to me, to other people, to my dog(s), and other dogs. I understand these risks are entirely my responsibility. I expressly assume these risks. I am aware of the risks and hazards inherent upon being present at the park and I choose to voluntarily enter the park with my dog(s), knowing the conditions might become more hazardous and/or dangerous for myself and/or dog(s) and I voluntarily assume all such risks, loss, damages, or injury that may be sustained by my presence, and the presence of my dog(s), at the park.

By signing this release of liability, I hereby fully and forever release and discharge the City of West Branch, the Parks and Recreation Department, and the Animal Control Commission and their volunteers, employees, and agents from any claims, demands, damages, rights of action or causes of action, present or future, whether the same be known or unknown, anticipated or unanticipated, resulting from or arising out of my use or intended use of the West Branch Dog Park. I fully and forever release and discharge City of West Branch, the Parks and Recreation Department, and Animal Control Commission, their volunteers, employees, and agents, from any and all negligent act and omissions in the same.

By signing this agreement I also agree to indemnify the City of West Branch, the Parks and Recreation Department, Animal Control Commission, their volunteers, employees, and agents from any claims, demands, damages, rights of action or causes of action present or future whether the same be known or unknown, anticipated or unanticipated, brought against any or all of such entities based on my use or intended use of the West Branch Dog Park.

I have carefully read this Release of Liability and Indemnification Agreement and understand and fully agree with its terms.

This is a release of liability.

Signature

| Do not sign if you do not understand or do not agree with its terms. |   |  |  |  |  |  |  |
|--|---|--|--|--|--|--|--|
|  |   |  |  |  |  |  |  |
| Print Name   | _ |  |  |  |  |  |  |
|  |   |  |  |  |  |  |  |

Date