



City of Livonia Parks & Recreation Department

Dog Park Application Expires January 31, 2022



Please complete and return this form to: City of Livonia Clerk's Office, City Hall – First Floor, 33000 Civic Center Dr., Livonia, MI 48154. A current copy of all vaccinations and dog license must be included with this application and you must read all dog park rules. Vaccinations must be issued by a Licensed Veterinarian.

OWNERS INFORMATION

Name _____

Address _____

City/State/Zip _____

Home Phone _____ Daytime Phone _____

E-mail _____

Other authorized users (must be 18 yrs. old) _____

Fob # _____ (OFFICE USE)

DOG INFORMATION: DOG 1

TAG # _____ (OFFICE USE)

Dogs Name _____ Dog License # _____

Specific Breed or Mix _____

Color _____ Birth Year _____ Sex _____ Male _____ Female _____ Fixed

Vaccination Expiration Dates:

Rabies _____ DHLPP _____ Bordetella _____

DOG INFORMATION: DOG 2

TAG # _____ (OFFICE USE)

Dogs Name _____ Dog License # _____

Specific Breed or Mix _____

Color _____ Birth Year _____ Sex _____ Male _____ Female _____ Fixed

Vaccination Expiration Dates:

Rabies _____ DHLPP _____ Bordetella _____

DOG INFORMATION: DOG 3

TAG # _____ (OFFICE USE)

Dogs Name _____ Dog License # _____

Specific Breed or Mix _____

Color _____ Birth Year _____ Sex _____ Male _____ Female _____ Fixed

Vaccination Expiration Dates:

Rabies _____ DHLPP _____ Bordetella _____

ORIENTATION INFORMATION (NEW MEMBERS ONLY):

I _____ have reviewed the Dog Park

Rules and agree to abide by _____ (date).

In consideration of being permitted to take part in the activity, or utilize the dog park as set forth herein, I expressly agree as follows: I hereby acknowledge that the activity set forth herein contains dangers and risks and may result in injury to myself and/or my dog(s). I hereby assume all risks of personal injury, death, and property damage from any causes whatsoever arising while my dog(s) or I are participating in such activity. I agree to unconditionally waive and release the City of Livonia, Department of Parks and Recreation, and their officers and employees, agents, servants, and all representatives and sponsors from any injury that I or any family member or my dog(s) may sustain, or any damage that may be caused to my property in connection with said activities or use of such facilities or services, including injuries sustained or property damage caused by any use of equipment from the Livonia Parks and Recreation Department, their officers, employee, agents, servants or sponsors.

Signature: _____

PAYMENT INFORMATION

Annual membership fees are as follows:

\$30 Resident

\$20 Resident returning key fob

\$20 replacement key fob

_____ \$10 for each additional dog up to 3 dogs

TOTAL FEES DUE: \$ _____

Make checks payable to: City of Livonia