



# City of Livonia Parks and Recreation Dog Park Application

Expires Jan. 31, 2024



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: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Other authorized users (must be 18 years old) \_\_\_\_\_

Fob # \_\_\_\_\_ (OFFICE USE)

### DOG INFORMATION: DOG 1

TAG #: \_\_\_\_\_ (OFFICE USE)

Dog's Name: \_\_\_\_\_ Dog License #: \_\_\_\_\_

Specific Breed/Mix: \_\_\_\_\_

Color: \_\_\_\_\_ Birth Year: \_\_\_\_\_ Sex: Male \_\_\_\_\_ Female: \_\_\_\_\_ Fixed: Y / N

### Vaccination Expiration Dates:

Rabies: \_\_\_\_\_ DHLPP: \_\_\_\_\_ Bordetella: \_\_\_\_\_

### DOG INFORMATION: DOG 2

TAG #: \_\_\_\_\_ (OFFICE USE)

Dog's Name: \_\_\_\_\_ Dog License #: \_\_\_\_\_

Specific Breed/Mix: \_\_\_\_\_

Color: \_\_\_\_\_ Birth Year: \_\_\_\_\_ Sex: Male \_\_\_\_\_ Female: \_\_\_\_\_ Fixed: Y / N

### Vaccination Expiration Dates:

Rabies: \_\_\_\_\_ DHLPP: \_\_\_\_\_ Bordetella: \_\_\_\_\_

### DOG INFORMATION: DOG 3

TAG #: \_\_\_\_\_ (OFFICE USE)

Dog's Name: \_\_\_\_\_ Dog License #: \_\_\_\_\_

Specific Breed/Mix: \_\_\_\_\_

Color: \_\_\_\_\_ Birth Year: \_\_\_\_\_ Sex: Male \_\_\_\_\_ Female: \_\_\_\_\_ Fixed: Y / N

### 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*