

PARKS AND RECREATION
515 Clark Ave
Ames, IA 50010
Phone: 515-239-5350



AMES ANIMAL SHELTER
325 Billy Sunday Rd
Ames, IA 50010
Phone: 515-239-5530

DOG PARK REGISTRATION FORM

DOG OWNER INFORMATION:

LAST NAME:	_____	(_____)
FIRST NAME:	_____	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work
ADDRESS:	_____	(_____)
	_____	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work
	CITY STATE ZIP	(_____)
E-MAIL:	_____	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work

DOG INFORMATION:

NAME	PRIMARY COLOR	SECONDARY COLOR
DOB: _____	PRIMARY BREED	SECONDARY BREED
MM/YY		
<input type="checkbox"/> SPAYED <input type="checkbox"/> NEUTERED <input type="checkbox"/> INTACT <input type="checkbox"/> M <input type="checkbox"/> F		
VETERINARIAN: _____	PHONE: (_____)	
CLINIC: _____	RABIES TAG #: _____	

☐ Yes Has your dog ever shown aggressive behavior towards people or other dogs or been involved in a situation with another dog that resulted in a bite wound to either dog? If yes, please explain.

☐ No

If you need more room please use the back of this form.

ADDITIONAL CONTACT:

LAST	FIRST	MIDDLE INITIAL
_____	_____	_____
PHONE: (_____)	(_____)	(_____)
<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work
ADDRESS: <input type="checkbox"/> SAME AS ABOVE	STREET: _____	
	CITY/STATE/ZIP: _____	

I verify that the above information is accurate. I also verify that my dog has a current rabies vaccination. I have read the Facility Policies governing the Dog Park and I agree to abide by them. I understand that failure to do so may result in my dog's Dog Park Tag being revoked. I understand that all registration materials including liability, names of handlers and information regarding my dog may be provided to others upon request.

Signature of Dog Owner: _____ Date: _____

Office Use Only:

☐ Referred to Anima
I Control for review

DOG PARK TAG
Chameleon Receipt # _____

TO
DATES VALID

FEE PAID
Staff: _____

E-mail Form to location you wish to purchase your tag.

Reminder: Please attach your dog's current rabies certificate to your email or bring it to the purchase location.