

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: _____ ()
☐ Cell ☐ Home ☐ Work

FIRST NAME: _____

ADDRESS: _____ ()
☐ Cell ☐ Home ☐ Work

CITY STATE ZIP

E-MAIL: _____ ()
☐ Cell ☐ Home ☐ Work

DOG INFORMATION:

NAME _____ PRIMARY COLOR _____ SECONDARY COLOR _____

DOB: _____ PRIMARY BREED _____ SECONDARY BREED _____
MM/YY

☐ SPAYED ☐ NEUTERED ☐ INTACT ☐ M ☐ 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: () () ()
☐ Cell ☐ Home ☐ Work ☐ Cell ☐ Home ☐ Work ☐ Cell ☐ Home ☐ Work

ADDRESS: ☐ 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.