**City of Salem Park, Recreation and Community Services**
**Leslie's Retreat Dog Park Application**

**Name**_____ **City Dog License #**_____
**Address**_____ **City**_____ **Zip Code**_____
**Phone #**_____

**Name of Dog**_____ **Breed**_____ **M/F**___ **Age**____
**Vet Name**_____ **Vet Phone #**_____

Please attach the following documents
__ **Proof of Spay/Neuter**
__ **Certificate of Rabies Vaccination**
__ **Proof of Distemper Vaccination**

I have been provided with and have read through a copy of the City of Salem Park, Recreation and Community Services Dog Park Rules and Regulations and agree to abide by all rules set forth therein.

_____ _____
Signature Date

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**Park and Recreation Use Only**

**Date Submitted**_____ **Pooch Pass #**_____
**Amount Paid**_____ **Cash**_____ **Check #**_____
**Initials**_____