

Dog Park Application & Agreement New Member Renewal

ATTENTION

The City of Clarksville Parks and Recreation Department require the following for all dogs that enter the off leash Bark Park:

- **Rabies Vaccination**
- **Parvovirus Vaccination**
- **Distemper Vaccination**
- **Spayed or Neutered**

Registration Information:

To use the park, you must register with the Parks and Recreation Department and show proof of vetting. Access to the park will be by an electronic lock with a key fob issued upon registration. There will be a **\$10 charge** to cover the cost of the gate entry fob and it must be renewed annually. Please note, your fob will be deactivated at the end of the month of the renewal date unless payment is received prior to the renewal date.

Please complete the information below, initial where indicated, and return this form in person with payment to: Clarksville Parks and Recreation, 102 Public Square, Clarksville, TN 37040. Annual fee is \$10 per family. Payment for mail in or emailed forms can be made over the phone at 931-645-7476 or mailed in with your form.

****Mail in or emailed forms will only be accepted if vet records are included****

Owner Information (Please Print)

First Name:		Last Name:	
Date of Birth:	Gender:	Phone Number:	
Street Address	City	State	Zip Code
			Email Address :

Emergency Contact (Please Print)

Name:	Phone Number:
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Dog Information #1 (Please Print)

Name of Dog #1:		Breed:
Weight:	Gender:	Color(s) & Markings:
Spayed <input type="checkbox"/>	Neutered <input type="checkbox"/>	Rabies Booster Expiration Date:
Distemper Booster Expiration Date:		Parvovirus Booster Expiration Date:

Dog Information #2 (Please Print)

Name of Dog #2:		Breed:
Weight:	Gender:	Color(s) & Markings:
Spayed <input type="checkbox"/>	Neutered <input type="checkbox"/>	Rabies Booster Expiration Date:
Distemper Booster Expiration Date:		Parvovirus Booster Expiration Date:

Office Use Only

Date Processed:	Received By:	Key Fob #:	Key Fob Exp. Date:
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Additional Notes:

Continue on Back 

BARK PARK RULES

1. Park users must immediately clean up and properly dispose of any waste left by their dog(s).
2. Unaltered dogs, puppies under the age of four months, dogs with contagious diseases or aggressive dogs are not allowed in the Bark Park.
3. Park users must be inside the Dog Park, within view of their dogs and have access to a leash at all times. Dogs must be under voice control.
4. Dogs shall not dig or disturb park resources.
5. The minimum age for human users is 18 years of age. Children between the ages of 5 and 17 may enter with a parent or guardian. Children less than 5 years old are not permitted in the fenced area for their safety.
6. No more than two dogs per person in the off-leash area at one time.
7. Training classes by reservation only.
8. NO grooming, smoking, food or drinks other than water, glass containers or animals other than dogs are allowed in the off leash area.
9. The park can be closed at any time by Parks and Recreation for maintenance.
10. All other general park rules and city ordinances must be obeyed.

I hereby acknowledge that I have voluntarily applied for permission to use, with my dogs, the dog parks operated by the City of Clarksville, TN Parks and Recreation Department and submitted the required proof of Rabies, Parvovirus and Distemper Vaccinations as well as proof of spay/neuter from my veterinarian. All information provided in this application is accurate and truthful to the best of my knowledge. I understand that falsification of information may result in revocation of dog park privileges.

Initials:

I hereby acknowledge that the Bark Parks are not supervised by the City of Clarksville Parks and Recreation Department. I am responsible for the safety and welfare of my dog(s). I assume all risks inherent with using the dog parks including but not limited to equipment, other dogs, humans, wild animals, vegetation, insects, and I understand that the City of Clarksville is not responsible in any way for injuries of any kind to dogs or humans.

Initials:

I will abide by the rules set forth by the City of Clarksville when using the park as listed below. I understand my failure to follow these rules may result in the termination of my privileges and any paid fees will not be refunded.

Initials:

 Household Representative

 Date

Dog Information #3 (Please Print)			
Name of Dog #3:		Breed:	
Weight:	Gender:	Color(s) & Markings:	
Spayed <input type="checkbox"/> Neutered <input type="checkbox"/>		Rabies Booster Expiration Date:	
Distemper Booster Expiration Date:		Parvovirus Booster Expiration Date:	

Dog Information #3 (Please Print)			
Name of Dog #3:		Breed:	
Weight:	Gender:	Color(s) & Markings:	
Spayed <input type="checkbox"/> Neutered <input type="checkbox"/>		Rabies Booster Expiration Date:	
Distemper Booster Expiration Date:		Parvovirus Booster Expiration Date:	

Owners of more than four dogs, please use an additional form