



# City of Napoleon Dog Park Membership Application



## Owner Information

First Name(s)	Last Name(s)		
Mailing Address	City	State	Zip
Cell Phone	Alternate Phone		
Email Address			
Emergency Contact	Emergency Contact Phone		

## Dog Information

### Dog #1

Name	Breed	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Weight LBS
Color	Birth Date	<input type="checkbox"/> Spayed	<input type="checkbox"/> Neutered
Has this dog ever shown aggressive tendencies toward people or other dogs? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please explain:			
Dog License Number		County Issued	

### Dog #2

Name	Breed	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Weight LBS
Color	Birth Date	<input type="checkbox"/> Spayed	<input type="checkbox"/> Neutered
Has this dog ever shown aggressive tendencies toward people or other dogs? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please explain:			
Dog License Number		County Issued	

### Dog #3

Name	Breed	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Weight LBS
Color	Birth Date	<input type="checkbox"/> Spayed	<input type="checkbox"/> Neutered
Has this dog ever shown aggressive tendencies toward people or other dogs? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please explain:			
Dog License Number		County Issued	

Veterinarian Name	Veterinarian Phone Number
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Please send check or money order (payable to City of Napoleon) and all forms to:

Napoleon City Building - Administrative Desk  
255 W. Riverview Avenue  
Napoleon, OH 43545

For additional information contact the City Building at (419) 592-4010 or [info@napoleonohio.com](mailto:info@napoleonohio.com)



# City of Napoleon Dog Park Rules



1. For health and safety, all dogs must be legally licensed, spayed or neutered and up to date on all vaccinations.
2. An active City of Napoleon Dog Park membership is required. Allowing non-member dogs to enter is prohibited. Contact the Napoleon City Building at 419-592-4010 for information on obtaining a membership.
3. Handlers must 'scoop the poop' and fill any holes dug by dogs under their control.
4. Only dogs six months of age or older are permitted.
5. For the protection of children and dogs, handlers must be 16 or older. Children under six years of age are not permitted in the dog park. Children ages 6-15 must be accompanied by an adult.
6. A maximum of two dogs per handler are permitted at any time.
7. Dogs must be under voice control of their handler and in view of their handler at all times. Cell phone use in the dog park is strongly discouraged.
8. Owners must carry a leash at all times. If collars are worn in the off-leash area, quick-release collars are strongly preferred. Pinch, choke and spike collars are prohibited.
9. Handlers must remove dogs from the off-leash area at the first sign of aggression.
10. Smoking, alcohol, food or glass containers are not permitted. This includes dog food and treats.
11. Dog training and solicitations of any kind are prohibited.
12. Users of the City of Napoleon Dog Park do so at their own risk. Those who enter agree to indemnify, waive liability, and hold harmless the City of Napoleon for any and all property and/or body damages, including legal fees. Handlers are responsible for any injuries caused by their dogs.
13. Failure to abide by dog park rules is grounds for immediate revocation of City of Napoleon Dog Park membership without warning or refund.

## Park Hours: Dawn-Dusk Daily

The park may be closed during routine maintenance and other pre-determined periods.

## For Emergencies Call 911



**CONTACT THE NAPOLEON CITY BUILDING**  
(419) 592-4010 or [info@napoleonohio.com](mailto:info@napoleonohio.com)

*I acknowledge that I have read and received the City of Napoleon Dog Park rules and agree to abide by these rules at all times. I understand that violations to the City of Napoleon Dog Park rules is cause for revocation of my City of Napoleon Dog Park membership without refund and that these rules are subject to change at any time.*

Signature \_\_\_\_\_

Date \_\_\_\_\_



## City of Napoleon Dog Park Release and Waiver of Liability and Assumption of Risk



The City of Napoleon Dog Park is intended to provide a fun and rewarding experience for a dog and its owner/handler. However, despite careful and proper preparations, I understand that with the use of this park there is still a risk of serious damage or injury, including death to the dog, its owner/handler or other persons or animals, my guest(s), my property, my dog(s) and to others in the park. Included in these risks are negligence on the part of City of Napoleon Dog Park, City of Napoleon, its officers, administrators, employees, partners, customers and guests. I hereby agree to assume these risks, for my dog(s), my guest(s), my property and me.

I do hereby agree to waive, relinquish, release and forever discharge City of Napoleon Dog Park, City of Napoleon, its officers, administrators, employees, partners, agents, and any volunteer assisting or working on behalf of City of Napoleon Dog Park and/or the City of Napoleon from any and all claims or causes of action, including negligence, damages, loss, liability, expenses, breach of contract, breach of any statutory duty of care, or any death and injury, that I may have or which may accrue hereafter to my dog(s), my guest(s) and me arising out of, connected with, or in any way associated with the use of the City of Napoleon Dog Park and surrounding area.

I also assume all responsibilities for my dog(s), my guest(s) and myself and for any liability caused by my dog(s), my guest(s) and me. I further agree to indemnify and hold harmless and defend the City of Napoleon Dog Park, City of Napoleon, its officers, administrators, employees, partners, customers, guests, agents, and any volunteer assisting or working on behalf of City of Napoleon Dog Park and/or City of Napoleon from and against any and all losses, claims, damages, liabilities, cause of actions, and expenses (including but not limited to court costs and attorney fees), occurring, growing out of, incident to, or resulting directly or indirectly from my use of this facility and surrounding area, including without limitation any losses, claims, damages, liabilities, cause of actions and expenses on account of personal injury to or death of any person or animal, or damages to property of any person or entity (including but not limited to City of Napoleon Dog Park and the City of Napoleon).

*I have read and received a copy of this Waiver of Liability. I understand and accept the conditions involved, warning of risk, assumption of risk and waiver and release of all claims.*

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_



# City of Napoleon Dog Park

## Membership Payment Information



### Payment Information

<b>Name:</b>	
<b>Address:</b>	
<b>Phone:</b>	
<b>Email:</b>	

Annual Membership Fee (one per household)	\$10.00	\$	
<b>Total</b>		\$	

<b>Membership Fee Payment Method</b>	<input type="checkbox"/> Cash	<input type="checkbox"/> Personal Check	<input type="checkbox"/> Credit Card
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### Membership Confirmation

*I understand that I have read and signed the attached City of Napoleon Dog Park Rules and City of Napoleon Dog Park Liability Waiver. I understand that my City of Napoleon Dog Park membership will be processed on receipt of my membership dues and verification of vaccinations from my veterinarian. I understand that my membership can be canceled at any time period, either ended by myself or the City of Napoleon. In understand that the membership fee is non-refundable. I understand that I will be issued a Key Fob to enter the City of Napoleon Dog Park. Should I require a replacement Key Fob, I understand that a replacement fee applies:*

<b>Signature</b>	<b>Date</b>

### For Administrative Use Only

Membership Application:		Membership Confirmation-Signed:	
Dog Park Rules-Signed:		Medical History Form Dog #1 (signed by vet):	
Release and Waiver of Liability and Assumption of Risk-Signed:		Medical History Form Dog #2 (signed by vet):	
		Medical History Form Dog #3 (signed by vet):	

Membership Start Date:	
Membership End Date:	
Date Vaccinations Received:	
Date payment Received:	
Key Fob Number:	



# City of Napoleon Dog Park Medical History Form



Dog owners, please complete the owner information section only.

Veterinary professionals, please complete the dog information, vaccination history, veterinary hospital information and signature sections.

**Please complete separate medical history information from for each dog**

### Owner Information

First Name(s)	Last Name(s)		
Mailing Address	City	State	Zip
Cell Phone	Alternate Phone		
Email Address			

### Dog Information

Name	Breed	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Weight LBS
Color	Birth Date	Age	<input type="checkbox"/> Spayed <input type="checkbox"/> Neutered

### Vaccination History

Rabies		DHLPP		Bordetella	
Date Given	Expires	Date Given	Expires	Date Given	Expires
Please note if titers were drawn in lieu of vaccinating					
Additional observations or notes (optional)					

### Veterinary Hospital Information

Hospital Name(s)			
Hospital Address	City	State	Zip
Veterinarian Name	Veterinarian Phone Number		
Address	City	State	Zip
Veterinarian Email Address			

*I hereby certify that the information listed above is accurate to the best of my knowledge:*

**Veterinarian Signature**

**Date**

Napoleon City Building - Administrative Desk  
255 W. Riverview Avenue, Napoleon, OH 43545

For additional information contact the Napoleon City Building at (419) 592-4010 or [info@napoleonohio.com](mailto:info@napoleonohio.com)