



Smith Park Advisory Council DOG PARADE REGISTRATION FORM



PLEASE PRINT

PARTICIPANT'S NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CELL PHONE: _____

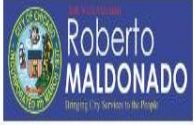
EMAIL ADDRESS: _____

DOG'S NAME: _____ BREED: _____

CITY OF CHICAGO DOG REGISTRATION LICENSE #: _____

VACCINATION/RABIES SHOT #: _____

VET'S NAME: _____



PROGRAM: (check all that apply)

Walking with Dog

Riding in Wagon/Carrying Dog

Participating in Contest



chicago park district



City Clerk:
Anna Valencia

To ensure all participants are in compliance with the laws governing the responsibilities of dog owners with the City of Chicago Municipal Code section 07-12-140 titled "Dog Registration" and in cooperation with the Chicago Police Department, the Chicago Park District, the City Clerk's Office and the Chicago Animal Care & Control, you hereby agree that the information on the registration form is true and correct. Further, by completing this form, you absolve and release SPAC, its board of directors and affiliates from any and all liability resulting from your participation, including but not limited to, any mishandling, injury or damage suffered or caused by you, your dog or injury by any other dogs to you or your dog at this event.