



## Washington Grove Dog Exercise Area (DEA) Membership Application

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### Information about the Applicant/Pet Owner (must be at least 18 years of age)

First and last name \_\_\_\_\_

Street address \_\_\_\_\_

P.O. Box number \_\_\_\_\_

Telephone numbers:

1. \_\_\_\_\_ (cell/home/work – circle one)

2. \_\_\_\_\_ (cell/home/work – circle one)

Email address \_\_\_\_\_

Other authorized users (household members, dog walkers, guests). List only names of specific individuals: \_\_\_\_\_  
\_\_\_\_\_

### Pet Information

#### Pet 1

Name \_\_\_\_\_ Age \_\_\_\_\_

Breed \_\_\_\_\_ Color \_\_\_\_\_

Montgomery County license number \_\_\_\_\_ License expires \_\_\_\_\_

*License applications are available at [www.bit.ly/moco-doglicense](http://www.bit.ly/moco-doglicense). Applications take 2-4 weeks to process.*

Rabies vaccine expiration date \_\_\_\_\_

WG tag number \_\_\_\_\_ (leave blank; to be completed by DEA registrar)

## Pet 2

Name \_\_\_\_\_ Age \_\_\_\_\_

Breed \_\_\_\_\_ Color \_\_\_\_\_

Montgomery County license number \_\_\_\_\_ License expires \_\_\_\_\_

Rabies vaccine expiration date \_\_\_\_\_

WG tag number \_\_\_\_\_ (leave blank; to be completed by DEA registrar)

*Should you have more than two dogs who will be using the DEA, please complete another application.*

## Certification

I understand that permission from the Town to use the DEA is conditional on compliance with all rules and regulations (*to view them, go to [www.bit.ly/wgdea-rules](http://www.bit.ly/wgdea-rules) (PDF)*).

I also understand and agree that the purpose of the DEA is to provide a fenced-in area where dog owners may bring their dogs and permit them to run freely with other dogs, and that unleashing my dog(s) and being present in an area where there are other people, including children, and other unleashed dogs may pose risks to others, myself, my dogs(s) and my personal property, and I do hereby agree to assume such risks.

I further agree to release, discharge, hold harmless and indemnify the Town of Washington Grove and all of its officials, agents, employees and representatives from liability for any and all claims related to any injuries, damages and/or losses whatsoever, to any person or animal or property which may arise out of, result from, or be associated with, the use of or presence in the DEA by myself, or my authorized user, and/or my dog(s).

## Signature

Sign: \_\_\_\_\_

Date: \_\_\_\_\_

## Attachments (required)

Copy of Montgomery County license

Pet photo. Please provide a clear photo of each dog. The dog should be standing up and its head should be facing the camera or sideways to the camera.

For DEA updates I would like to be notified by (circle one):

- Email
- PO Box
- Do not notify me