



City of Inver Grove Heights Dog Park Pass Application



Owner's Name:	Address:	Unit No.
Phone Number:	Alternate Phone Number:	
Email Address:	Number of dogs owned at this address: _____	

Dogs #1 Name: _____	Dogs #2 Name: _____
Breed: _____ Color(s) _____	Breed: _____ Color(s) _____
Male _____ Female _____ Microchip No.: _____ Type: _____ Dogs date of birth: _____ Age: _____ Spayed/Neutered	Male _____ Female _____ Microchip No.: _____ Type: _____ Dogs date of birth: _____ Age: _____ Spayed/Neutered
Resident Dog 1: _____ \$20.00 Resident Dog 2: _____ \$15.00 Lost Pass Replacement _____ \$5.00	Non-Resident Dog 1: _____ \$30.00 Non-Resident Dog 2: _____ \$25.00 Lost Pass Replacement _____ \$5.00

By signing this application, I understand that I must keep a Certificate of Vaccination for my dog valid for the license term. All dogs kept, harbored, or maintained within the city shall be vaccinated by a licensed veterinarian for rabies with a live modified vaccine and distemper. I further understand that, upon demand of the City Clerk, Animal Control Officer, or Police Officer, I shall present the required Certificate of Vaccination for my dog. If not presented, I shall have ten days in which to present the Certificate to the City Clerk, Animal Control Officer or Police Officer.

Signature of Applicant: _____	Date: _____
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— For Office Use Only — Completed By: _____ (staff initials)	
Pass # Dog (1): _____	Rabies Tag #: _____
Pass # Dog (2): _____	Rabies Vaccination Date: _____
Date Issued: _____	Rabies Expiration Date: _____
If animal is exempt due to allergy or other reason, owner must provide documentation from veterinarian	Veterinarian/Clinic: _____ Phone Number _____ :

When Returning Application by Mail, email or In Person You Must Include a Copy of Rabies Vaccination Certificate

Remit to: City of Inver Grove Heights Parks & Recreation – 8055 Barbara Ave E. – Inver Grove Heights, MN 55077
DogParkPasses@invergroveheights.org
Phone: (651)450-2585 Fax: (651)259-8029