



FAMILY DOG REGISTRATION

Last Name _____ First Name _____ Middle Initial: _____

Mailing Address: _____

City _____ State _____ Zip _____

Phone: (circle) home / cell / work (_____) _____

Membership/Registration Expiration Date: _____

Dog Registration Information (The fee is \$30 per dog, pro-rating does not apply)

Dog's name(s) _____ Breed(s) _____

Color/Markings _____

Family Dog registration runs concurrent with Member's annual membership year/expiration date, and dog admission applies to general admission only. **Dogs are not permitted at special, ticketed events.**

_____ **Owner Initial**

Owner agrees to the following:

1. We will keep our dog(s) on a leash at all times.
2. We will watch our dog(s) at all times and be responsible for our dog's actions.
3. We will never leave our dog(s) unattended.
4. We will not allow our dog(s) to run or jump on people or other dogs.
5. We will keep our dog(s) on grass or paved surfaces and are not allowed in planted areas.
6. We will not allow our dog(s) to swim in any area of the Gardens.
7. Our dog(s) vaccinations/license are up to date (**Owner initial** _____)
8. We will always pick up after our dog(s) and dispose of waste in provided containers.
9. We will not bring a dog designated as "dangerous" under Elkhart City Animal Ordinance into the Gardens.
10. We agree to hold harmless and indemnify Wellfield Botanic Gardens for any liability arising out of injury or damage caused by our dog(s).

As owner of the above registered dog(s), my signature below certifies I have read and agreed to the items listed. We understand failure to abide by these rules will result in the dog not being permitted to remain in the Gardens and be excluded from future visits to the Gardens.

x _____ Date _____
(Owner's Signature)

WBG: _____ Initials _____ Date _____ Membership Exp Date _____ Order No. _____