



DOG REGISTRATION

Please Check Applicable:

- New
- Mid-term Dog
- Daily Dog

Date: _____

Primary Member:

Last Name: _____ First Name: _____ M.I.: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Phone Number: (____) _____

Dog Registration Information:

Dog's Name: _____ Breed(s): _____

Color(s)/Marking(s): _____

Dog registration runs concurrently with either membership or daily admission hours. Dog admission applies to general admission only. Dogs are not permitted at events. Initial: _____

Owner agrees to the following:

1. Our dog(s) vaccinations are up to date **Owner's initials:** _____
2. We will keep our dog(s) on a leash at all times.
3. We will watch our dog(s) at all times and be responsible for our dog's actions.
4. We will never leave our dog(s) unattended.
5. We will not allow our dog(s) to run or jump on people or other dogs.
6. We will keep our dog(s) on grass or paved surfaces and are not allowed in planted areas or the Children's Garden.
7. We will not allow our dog(s) to swim in any area of the Gardens.
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 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 the owner of the above registered dog(s), my signature below certifies that I have read and agree to the regulations listed. We understand that failure to abide by these rules will result in the dog not being permitted to remain in the Gardens and being excluded from future visits to the Gardens.

X _____

Owner's Signature

Date

Back Office: Membership Expiration: _____ Order #: _____