



# TOWNSHIP OF LOWER MERION OFF-LEASH DOG PROGRAM

**RENEWAL?**    **Yes**    **No**    **If No - Please enclose a current photo of each Dog.**

**Watched the video & completed the questionnaire on the Township Website on \_\_\_\_\_**  
 Not required for renewals. DATE

OWNER'S NAME 1: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

OWNER'S NAME 2: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

EMAIL: \_\_\_\_\_ ALT EMAIL: \_\_\_\_\_

OWNER'S STREET ADDRESS: \_\_\_\_\_

CITY/TOWN: \_\_\_\_\_ STATE: PA ZIP: \_\_\_\_\_

DAY PHONE: \_\_\_\_\_ EVENING PHONE: \_\_\_\_\_

VETERINARIAN'S NAME: \_\_\_\_\_ VETERINARIAN'S PHONE: \_\_\_\_\_

**RESIDENT = \$25 PER DOG**

**NARBERTH/NON-RESIDENT = \$30 PER DOG**

Please make checks payable to **Treasurer, Lower Merion Township**

**DOG NAME 1:** \_\_\_\_\_ PERMIT NUMBER: \_\_\_\_\_ Office Will Enter

BREED: \_\_\_\_\_ COLOR: \_\_\_\_\_ FEMALE    MALE

COUNTY REGISTERED:    MONTGOMERY    DELAWARE    OTHER: \_\_\_\_\_

COUNTY LICENSE NUMBER: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

**DOG NAME 2:** \_\_\_\_\_ PERMIT NUMBER: \_\_\_\_\_ Office Will Enter

BREED: \_\_\_\_\_ COLOR: \_\_\_\_\_ FEMALE    MALE

COUNTY REGISTERED:    MONTGOMERY    DELAWARE    OTHER: \_\_\_\_\_

COUNTY LICENSE NUMBER: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

**Turn over to complete application...**



# OFF-LEASH DOG PROGRAM

## Permit Application (continued)

In consideration for being permitted to use the Township of Lower Merion's park facilities to exercise my dog off leash, I agree, for myself and/or for any minor children in my care as parent or legal guardian ("my minor children") who accompany me, to fully and completely release the Township of Lower Merion, its officials, employees, boards, departments, agents and affiliated entities from any and all claims, liabilities or actions for any personal injuries to me, personal injuries to my minor children and/or any loss or damage to my personal property or the personal property of any such minor children arising from our/their use of the Township's facilities or participation in the off-leash dog program.

To the fullest extent permitted by law, I agree to indemnify, defend and hold the Township of Lower Merion, its employees, agents, officials and authorized volunteers harmless from and against any and all claims, losses, damages, expenses, causes of action and liabilities (including without limitation, attorneys' fees) arising out of or related to my use of the Township's park facilities as a participant in the off-leash dog program, unless such claims arise from the sole negligence of the Township, its employees, agents, officials or authorized volunteers. Such obligation to indemnify, defend and hold the Township, its employees, agents, officials and authorized volunteers harmless shall survive the expiration of the participation permit.

I attest that I have and will keep current for the duration of the permit, Homeowner's or Renter's Insurance as well as current DHLPP (Distemper) and Rabies vaccinations for each Dog on this application. I also attest that I have watched the required Township video, "**Dog Behavior Guidelines**", found at [www.lowermerion.org](http://www.lowermerion.org) on the Off Leash Dog Program page, and agree to follow all of the rules of the off leash program including but not limited to the following:

- Owners/ handlers will not walk more than two dogs off-leash.
- Owners / handlers will carry a leash for each dog.
- Dogs have appropriate permit tags on their collars and dog owner / handlers will have their permit cards.
- Dogs will be within sight and under voice control at all times.
- Dogs will come and stay by the side of their owner / handler immediately when called.
- Dogs will not charge or display aggression towards any person or behaves in a way that any reasonable person finds to be harassing or disturbing.
- Dogs will not chase or display aggression towards other dogs.
- Dogs will not chase harass or disturb wildlife.



**PRINT OWNER'S NAME 1:** \_\_\_\_\_

**OWNER'S SIGNATURE 1:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PRINT OWNER'S NAME 2:** \_\_\_\_\_

**OWNER'S SIGNATURE 2:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Parks & Recreation Department**  
**75 East Lancaster Avenue, Ardmore PA 19003**  
**610-645-6220**

### FOR OFFICE USE ONLY

Date: \_\_\_\_\_ Amount: \_\_\_\_\_ Check #: \_\_\_\_\_ Cash: \_\_\_\_\_

Receipt #: \_\_\_\_\_ Received and Verified for Accuracy By: \_\_\_\_\_