CITY OF DES MOINES

APPLICATION FOR ANIMAL LICENSE

☐New License

☐Renewal

☐Dog Park

OWNER INFORMATION:

Name: _____ Phone: _____

Address: _____ Apt: _____Email: _____

City: _____ Zip Code: _____ Is anyone over age 65 in household? ☐ Yes ☐ No

PET INFORMATION:

Name: _____ ☐ Dog ☐Cat

Breed: _____ Color: _____

Spayed or Neutered: ☐ Yes ☐ No *If spayed or neutered, please provide proof for reduced fee.*

RABIES INFORMATION:

*****PLEASE PROVIDE A CURRENT RABIES CERTIFICATE*****

Rabies Tag Number: _____ Vaccination Date: _____ Expiration Date: _____

Vet Clinic: _____

OPTIONAL DOG PARK PERMIT:

Day Permit Use Date: _____

DOG PARK LIABILITY WAIVER:
The undersigned, in consideration for the acceptance of this application, agrees to the fullest extent permitted by law to indemnify, save, defend and hold harmless the City of Des Moines, its officers, agents, employees and volunteers from and against any and all claims, demands, suits, damages, or loss, including any and all outlay and expense connected therewith resulting from any bodily injury or property damage which arises out of or in connection with my actions or the actions of my dog associated with use of the City of Des Moines dog park and facilities, or arising from any neglect, default, mismanagement or omissions in the performance of any duties imposed upon me by this permit or by law.

I agree to waive, release and discharge, and covenant not to sue, the City of Des Moines, Iowa, its elected and appointed officials, employees, volunteers, sponsors, and agents, hereinafter referred to as "City", from any and all liability to myself and my dogs for any and all loss or damage, and any claim or demands therefore, on account of injury to the person or dog or other property arising out of or related to use of the dog park.

I agree that this Indemnity and Release and Waiver of Liability extends to all acts of negligence by the City, not including gross negligence and willful misconduct, and is intended to be as broad and inclusive as is permitted by law including any governmental immunity afforded the City by law and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

SIGN FOR DOG PARK PERMIT: _____ **DATE:** _____ **DOG PARK PERMIT FEE: $20**

FEES

Spayed/Neutered:	$20/pet
Non-Spayed/Non-Neutered:	$50/pet
Senior Rate (65 or older):	$10/pet (1 dog, 1 cat per household. Additional pets at regular rate)
Late Penalty after March 31:	$25/pet (On license renewal. No penalty if first time, never licensed.)
Optional Dog Park Permit:	$20/annual per dog $5/day permit per dog
Service/Guide Dog:	$0 (Contact us for application and requirements)

Return this application to:
City Clerk's Office
1200 Locust St
Des Moines, IA 50309

Contact information:
(515) 283-4209 ext. 3
cityclerk@dmgov.org

FOR CLERK'S OFFICE USE ONLY

Fee: _____ Cash/Check/Charge Check #: _____

Tag Number: _____ Park Permit Number: _____ Date Issued: _____