

12-2pm OR

3-5pm



**FRIENDS**  
of the  
**ANIMAL CENTER**  
FOUNDATION

## Iowa City Dog Paddle Registration Form

### All proceeds benefit the animals at the Iowa City Animal Care and Adoption Center.

- Complete the information below for EACH dog that will attend the swim event and sign the waiver on the back of the form.
- Maximum of two dogs per adult. For additional dogs, complete another registration form.
- Proof of Rabies vaccination (rabies certificate) is **required** for all dogs over 4 months old to participate.
- Copy of the certificate may be mailed with a registration form or brought to the event. Rabies tags will not be accepted
- Select the payment method below.
- Children under 12 years of age are not permitted in the pool area**
- Humans may not swim or wade in pool**

How did you hear about the event? \_\_\_\_\_

Owner/Handler Information		
Name:	Owner's Year of Birth:	
Address:	City, State, Zip:	
Phone:	Email:	
Maximum of Two Dogs per Adult	Dog #1	Dog #2
Dog's Name:		
Dog's Breed/Description:		
Male/Female:	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Proof of Rabies Required - You <b>MUST</b> Attach or Bring Copy of Rabies Certificate to Enter Pool Area		
Provide Veterinarian Information:		
License Number & Expiration Date:		
**Verified by (volunteer print name):		
<b>EARLY Registration: \$10</b> <b>DAY-OF Registration: \$15 (per registration form*)</b> <b>*early registration open until September 6th*</b>		
<b>*Registration = up to 2 dogs</b>	<b>Entrance Fee</b>	\$
<b>Tax Deductible Donation to Friends of the Animal Center Foundation</b>		\$
<b>TOTAL AMOUNT DUE</b>		\$
Method of Payment		
<input type="checkbox"/> Cash, Venmo, PayPal <input type="checkbox"/> paid online <input type="checkbox"/> Check/Money Order – Payable to “FACF” <input type="checkbox"/> Visa or <input type="checkbox"/> MasterCard: Billing Address (Street, City, State, Zip): _____ _____ / Same as above  Name as it appears on the card: _____  Credit Card Number _____ Expiration Date _____ CVV (3 digits) _____  Signature of Cardholder _____		

Tags NOT  
accepted

**PLEASE TURN OVER TO SIGN REQUIRED WAIVER**



# Iowa City Dog Paddle

## Friends of the Animal Center Foundation Waiver

### **WAIVER (Required):**

In consideration of acceptance of this entry, I, the undersigned, do waive any/all claims for myself and my heirs against the Friends of the Animal Center Foundation and the Iowa City Animal Care & Adoption Center, any sponsors, and all officials of this swim for any injury or illness which may directly or indirectly result from my participation in the Dog Paddle, even though liability may arise out of negligence or carelessness on their part. I state that I am in proper physical condition to participate in this event. I hereby grant full permission to any and all of the foregoing to use my name, any photographs, videotapes, motion pictures, recordings or any other record of my participation in this event for any publicity and/or promotional purposes without obligation or liability to me. I understand that high heat and humidity can be extremely dangerous and I will not overexert myself or my dog(s) under these conditions.

Owner/Handler Name (print): \_\_\_\_\_

Owner/Handler Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Owner/Handler (print): \_\_\_\_\_

Co-Owner/Handler Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian if under 18: \_\_\_\_\_ Date: \_\_\_\_\_