



2022 DOGGIE DASH

LIABILITY WAIVER

Sponsored by Lodi Veterinary Care
705 N. Main St. • Lodi, WI 53555 • (608) 592-3232
www.thesecondchancefund.org

ADULT Owner's Legal Name: _____

Phone Number: _____

1. Dogs Name: _____ Age: _____ Spayed or Neutered? Y N

- Place check this box if your dog's rabies vaccine was issued by Lodi Veterinary Care. We will look up your information. If your dog's rabies vaccine was issued elsewhere, please proceed below. We will be calling the issuing clinic to verify information as safety is most important to us. Thank you.

Date of last rabies vaccination: _____ Rabies tag #: _____

Expiration date of rabies vaccination: _____

Administering veterinary clinic: _____ Clinic Phone Number: _____

2. Dogs Name: _____ Age: _____ Spayed or Neutered? Y N

- Place check this box if your dog's rabies vaccine was issued by Lodi Veterinary Care. We will look up your information. If your dog's rabies vaccine was issued elsewhere, please proceed below. We will be calling the issuing clinic to verify information as safety is most important to us. Thank you.

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Expiration date of rabies vaccination: _____

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3. Dogs Name: _____ Age: _____ Spayed or Neutered? Y N

- Place check this box if your dog's rabies vaccine was issued by Lodi Veterinary Care. We will look up your information. If your dog's rabies vaccine was issued elsewhere, please proceed below. We will be calling the issuing clinic to verify information as safety is most important to us. Thank you.

Date of last rabies vaccination: _____ Rabies tag #: _____

Expiration date of rabies vaccination: _____

Administering veterinary clinic: _____ Clinic Phone Number: _____

I understand that my participation in Doggie Dash is not without risk to myself, members of my family, guests who may attend or my dog(s). I understand that some dogs, to which I will be exposed to, may be difficult to control and may be the cause of injury even when handled with the greatest amount of care. I hereby waive and release The Second Chance Fund, the City of Lodi, its employees, officers, team members of Lodi Veterinary Care and agents from any and all liability of any nature, for injury or damage which results from the action of any dog. I expressly assume the risk of such damage or injury while attending this event and the surrounding area. Additionally, I understand that photographers will be present during Doggie Dash; I give permission for photos of me and/or my pets to be used by The Second Chance Fund and Lodi Veterinary Care for the purpose of promoting awareness of the organization and its mission of helping animals in need.

Signature: _____

Date: _____