



# 2022 DOGGIE DASH

## PRE-REGISTRATION FORM

Saturday, May 14  
9:30AM-10:30PM  
Lodi Fairgrounds

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

Forms & payment due by April 15<sup>th</sup>. After April 15<sup>th</sup> you are not guaranteed event items and swag.

Primary Contact First & Last Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact number: (\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

### PICK ONE

- I would like to participate in-person on May 14<sup>th</sup>.
- I would like to participate virtually on my own time.

### PICK ONE

- I am bringing a dog and will complete the attached liability waiver.
- I am not bringing a dog.

### PICK ONE - PARTICIPANT FEES

- Individual -----\$36.00
- Couple -----\$46.00
- Group of 3 or 4 -----\$56.00
- Group of 5-10 -----\$126.00

**TOTAL PARTICIPANT FEE \$** \_\_\_\_\_

### PICK ONE - PICK UP ITEMS OR MAIL

- Pick up items in-person at Lodi Vet in Lodi, WI, on May 13<sup>th</sup> 6PM-7PM -----\$0
- Pick up items in-person during Doggie Dash on May 14<sup>th</sup> 9:30AM-1:30PM -----\$0
- Have items mailed by April 29<sup>th</sup>. -----\$15
  - YES, please mail a bandana(s) for my dog(s). Up to 2 free bandanas. Size small or large.  
(If attending in person, you will choose a free bandana the day of the event.)  
Quantity: \_\_\_\_\_ Size(s): \_\_\_\_\_
  - NO bandana needed. Thank you.

**TOTAL PICK UP OR MAIL FEE \$** \_\_\_\_\_

OPTIONAL: I'd like an extra shirt, hat or mug for \$12 each.

- Annual Doggie Dash Shirt **Quantity & Size:** \_\_\_\_\_  
(Men's S, M, L, XL, XXL or Kids K-S, K-M, K-L)
- SCF Baseball Hat **Quantity & Color:** \_\_\_\_\_  
(Black, Navy or Red)
- SCF Ceramic Coffee Mug **Quantity:** \_\_\_\_\_

**EXTRA SHIRT/HAT/MUG AMOUNT \$** \_\_\_\_\_

OPTIONAL: I'd like to make an additional donation.

**DONATION AMOUNT \$** \_\_\_\_\_

Choose <b>ONE</b> : 1 Shirt, 1 Hat or 1 Mug per Person			
PARTICIPANT NAME	ANNUAL DOGGIE DASH SHIRT	SCF BASEBALL HAT	SCF CERAMIC COFFEE MUG
Please use an additional form if you need more room.	Indicate Size (Men's S, M, L, XL, XXL or Kid's K-S, K-M, K-L)	Indicate Color (Black, Navy or Red)	12 oz. Mark w/ "X"

**GRAND TOTAL FROM ALL AMOUNTS ABOVE**

**\$** \_\_\_\_\_

Exact cash or check accepted.  
 Checks payable to: **The Second Chance Fund**  
 All forms must be accompanied with payment & submitted by April 15<sup>th</sup>.  
 Mail or drop off at:  
 Lodi Veterinary Care  
 c/o: The Second Chance Fund  
 705 North Main St.  
 Lodi, WI 53555



# 2022 DOGGIE DASH LIABILITY WAIVER

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

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.

Date of last rabies vaccination: \_\_\_\_\_ Rabies tag #: \_\_\_\_\_

Expiration date of rabies vaccination: \_\_\_\_\_

Administering veterinary clinic: \_\_\_\_\_ Clinic Phone Number: \_\_\_\_\_

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: \_\_\_\_\_