



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

11th Annual Doggie Dash

Saturday, May 4th

Lodi Fair Grounds

Entry Form for the Doggie Dash 2mile Walk/Run

First Name: _____ Last Name: _____
Mailing Address: _____ City: _____ State: _____ Zip: _____
Best contact number: (_____) _____ Email Address: _____

_____ Yes, my dog(s) will be attending (**Liability form needed, reverse side**) # of dogs _____
_____ No, my dog(s) will not be attending/I don't have a dog but would like to join the fun

Registration Fees – No Refunds

Register by Monday, April 15th for a guaranteed t-shirt and swag bag – distributed the day of Doggie Dash.

Registration Fee

(The price will **not** increase the day of Doggie Dash; however, t-shirts and swag bags are not guaranteed.)

Individual	\$35.00
Couple	\$45.00
Family (up to 4)	\$55.00
Corporate Team (up to 10)	\$125.00

Shirt Sizes: Men's S, M, L, XL or XXL and kid's S, M, L

Name: _____ T-Shirt Size: _____
Name: _____ T-Shirt Size: _____
Name: _____ T-Shirt Size: _____
Name: _____ T-Shirt Size: _____

Payment required by Monday, April 15th.

Cash or check accepted. Please make checks payable to: **The Second Chance Fund**

Completed forms and payment can be mailed to:

*The Second Chance Fund
705 North Main St.
Lodi, WI 53555*

Pictures taken at The Doggie Dash will be used for future advertising. Please contact us if you have a concern.



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2019 Liability Form

Owner's Name: _____

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

- Check mark here if rabies vaccine was provided at LVC. We will look up your information. If provided elsewhere please proceed below.

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

Expiration date of rabies vaccination: _____

Administering veterinary clinic: _____ Clinic phone: _____

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

- Check mark here if rabies vaccine was provided at LVC. We will look up your information. If provided elsewhere please proceed below.

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

Expiration date of rabies vaccination: _____

Administering veterinary clinic: _____ Clinic phone: _____

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

- Check mark here if rabies vaccine was provided at LVC. We will look up your information. If provided elsewhere please proceed below.

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

Expiration date of rabies vaccination: _____

Administering veterinary clinic: _____ Clinic phone: _____

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, 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 or the surrounding area. Additionally, I understand that pictures may be taken at the Doggie Dash and I also give my permission for photos of me and/or my pets to be used by The Second Chance Fund and Lodi Veterinary Car

Signature: _____

Date: _____