



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

12th Annual 2 Mile Doggie Dash

Saturday, May 2nd at the Lodi Fair Grounds

First Name: _____ Last Name: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

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

Pre-Register by Friday, April 10th for a guaranteed event shirt or hat and swag bag distributed the day of Doggie Dash. Items not guaranteed if you register at the event.

Payment required by Friday, April 10th.

Registration Fee

Individual	\$36.00
Couple	\$46.00
Family/Team (up to 4)	\$56.00
Family/Team (up to 10)	\$126.00

Each pre-registered participant may choose ONE shirt or hat.

Extra shirts or hats = \$12 each

Participant's Name	Choose ONE			Extra \$12 EACH		
	12th Annual Doggie Dash Shirt	Shirt Size (Men's S, M, L, XL, XXL OR Kid's S, M, L)	General SCF Logo'd Adjustable Baseball Cap	12th Annual Doggie Dash Shirt	Shirt Size (Men's S, M, L, XL, XXL OR Kid's S, M, L)	General SCF Logo'd Adjustable Baseball Cap
Example: Molly Smith	x	S				x

Payment required by Friday, April 10th.

Exact cash or check accepted. Checks payable to: **The Second Chance Fund**
 All forms must be accompanied with payment and submitted in person or mailed to:
 The Second Chance Fund 705 North Main St. Lodi, WI 53555



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2020 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 Care.

Signature: _____

Date: _____