

2017 OFF-LEASH DOG EXERCISE AREA (DEA) ANNUAL PERMIT APPLICATION

Please read and complete this application in its entirety - Rules and Petiquette are listed on page 2 of this form. Mail, fax (credit card only) or bring the form and payment to a park office listed below. If you mail or fax the form, an annual DEA tag will be sent to you within five business days after your completed application and payment are received. If you have any questions, call (414) 257-8005 or email parks@milwaukeecountywi.gov

DATE _____

NAME _____ HOME PHONE _____ WORK PHONE _____

STREET ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

EMAIL ADDRESS (Provide only if you would like to receive information.) _____

DOG'S NAME _____
BREED _____
2017 LICENSE # _____ STATE _____
DOG #1 2017 LICENSE NUMBER IS REQUIRED

DOG'S NAME _____
BREED _____
2017 LICENSE # _____ STATE _____
DOG #2 2017 LICENSE NUMBER IS REQUIRED

DOG'S NAME _____
BREED _____
2017 LICENSE # _____ STATE _____
DOG #3 2017 LICENSE NUMBER IS REQUIRED

All dogs must be licensed, with proof of current rabies immunization, by your municipality in accordance with Wisconsin State Statute 174.07 and Milwaukee County Ordinance 29.01 OR with your state's licensing and immunization regulations before entering any Milwaukee County Park System Off-leash Dog Exercise Area. If you have questions about licensing your dog, please contact the municipality in which you reside. Municipality contact information is located at countyparks.com. Failure to comply may result in fines (Wisconsin State Statute 174.15).

-  Make checks payable to MILWAUKEE COUNTY TREASURER.
-  By purchasing this permit, you agree to comply with the Rules and Petiquette at Milwaukee County Park System Off-leash Dog Exercise Areas, and that Milwaukee County is NOT liable for the actions of any dog within or outside the boundaries of the DEA.
-  Your dog's license and annual DEA tag must be affixed to your dog's collar for proof of permit. Tags are not transferrable.

RESIDENT FEES	PERMIT TYPE	QTY	AMOUNT	TOTAL
	Annual (valid for 2017 calendar year)	_____	x \$25	\$ _____
	Senior - Annual (60 yrs & up)	_____	x \$15	\$ _____
	Person with Disability - Annual	_____	x \$15	\$ _____
	Additional Dog (for multiple dog owners)	_____	x \$5	\$ _____
	Replacement Tag (org. receipt required)	_____	x \$20	\$ _____
	Daily Pass	_____	x \$5	\$ _____
	TOTAL AMOUNT			\$ _____

NON-RESIDENT FEES	QTY	AMOUNT	TOTAL
	_____	x \$30	\$ _____
	_____	x \$20	\$ _____
	_____	x \$20	\$ _____
	_____	x \$10	\$ _____
	_____	x \$20	\$ _____
	_____	x \$5	\$ _____
	TOTAL		\$ _____

FOR PAYMENT BY CREDIT CARD ONLY (Available at Parks Administration and by fax - see below)

CARDHOLDER NAME _____	ACCOUNT NUMBER _____	CARD TYPE (circle one)    
AUTHORIZED SIGNATURE _____	EXPIRATION DATE: _____	

PLEASE CIRCLE THE LOCATION BELOW WHERE TAG(S) WERE PURCHASED: FOR OFFICIAL USE ONLY

PARKS ADMINISTRATION Public Services Office 9480 W. Watertown Plank Road Wauwatosa, WI 53226 (414) 257-8005 phone (414) 257-8044 fax Hours: 8:30AM - 4PM (Mon. - Fri.)	BOERNER BOTANICAL GARDENS VISITOR CENTER WHITNALL PARK 9400 BOERNER DRIVE (414) 525-5601 phone Winter: 9AM - 4PM (Mon. - Fri.) Summer: 8AM - 6PM (Sun. - Sat.)	WILSON RECREATION CENTER Wilson Park 4001 S. 20th Street (414) 281-6289 phone	TAG NUMBER(S): _____ PROCESSED BY: _____ LOCATION: _____ DATE: _____
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OFF-LEASH DOG EXERCISE AREA (DEA) RULES & PETIQUETTE

RULES

- 1) No more than 3 dogs are allowed per owner/guardian within the DEA.
- 2) Dogs are the **ONLY** animals allowed in the DEA.
- 3) You **MUST** clean up and properly dispose of dog excrement.
- 4) You **MUST** be present within the fenced enclosure of the DEA, and you are responsible and liable for behavior of your dog(s) at all times. Milwaukee County is **NOT** liable for the actions of any dog within or outside the boundaries of the DEA.
- 5) Your dog(s) **MUST** display your dog's license and an annual DEA tags while in the DEA (Wisconsin State Statute 174.07 and Milwaukee County Ordinance 29.01). If you purchase a daily permit, keep the receipt with you. Permits and annual tags are not transferrable.
- 6) Your dog(s) **MUST BE CURRENT WITH VACCINATIONS**. All dogs are required to be current with rabies vaccination in accordance with Wisconsin State Statute 174.
- 7) Your dog(s) **MUST** be free of communicable illness and parasites (worms, fleas & ticks).
- 8) You **MUST** have in your possession a leash for each dog and remain within view and voice control of your dog(s) at all times. Dog(s) must be on leash until you enter the double-gated entry and close all the gates behind you.
- 9) Choke chains are **PROHIBITED**. This includes pinch, spike, or training-types of collars. You must remove such collars upon entering the DEA.
- 10) Dogs with known aggressive behavior are **PROHIBITED** from the DEA.
- 11) Female dogs in heat are **PROHIBITED** from the DEA.
- 12) Children **MUST** be accompanied by a parent/guardian and **MUST** be closely supervised.
- 13) You **MUST NOT** bring food or glass containers into the DEA.
- 14) You **MUST** follow all park rules and regulations governed under Chapter 47 of the Milwaukee County Ordinances.

PETIQUETTE

- 1) In addition to having rabies vaccinations, dogs should be current with distemper and parvovirus vaccinations.
- 2) Puppies under six months old should **NOT** use the DEA, because they have not yet received their full inoculations to protect them from distemper, parvovirus, or other diseases.
- 3) If your dog is ill, please return when your Veterinarian says there is no risk to other dogs.
- 4) Please evaluate your dog(s) prior to visiting the DEA to ensure that it is (they are) well socialized. Your dog(s) must be under voice control to be off-leash in this area.
- 5) If your dog digs (dogs dig) a hole, please stop them and fill any holes they have made.
- 6) Please clean up after yourself. Place all of your trash in the appropriate receptacles.

Violation of the Off-leash Dog Exercise Area rules and etiquette may result in the cancellation or forfeiture of your permit for any and all dogs under your care and supervision.

