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# CITY OF SALEM, MASSACHUSETTS

PARK, RECREATION & COMMUNITY SERVICES

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## City of Salem Park, Recreation and Community Services 2024 Leslie's Retreat Dog Park Application (Valid Dates April 1, 2024- March 31, 2025)

Owners Name \_\_\_\_\_ City Dog License # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Contact # \_\_\_\_\_ E Mail \_\_\_\_\_

Name of Dog \_\_\_\_\_ Breed \_\_\_\_\_ M/F \_\_\_\_\_ Age \_\_\_\_\_

Vet Name \_\_\_\_\_ Vet Phone # \_\_\_\_\_

### **Required Documents to be Attached**

*(must be current)*

- \_\_\_ City Dog License
- \_\_\_ Proof of Spay/Neuter
- \_\_\_ Certificate of Rabies Vaccination
- \_\_\_ Proof of Distemper Vaccination
- \_\_\_ \$25 Check – Payable to Salem Park & Recreation

### **Optional Information**

\_\_\_ I have added \$1 to my enclosed payment. Please mail my Pooch Pass to the above address

*I have been provided with and have read through a copy of the City of Salem Park, Recreation and Community Services Dog Park Rules and Regulations and agree to abide by all rules set forth therein.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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#### Park and Recreation Use Only

Date Submitted \_\_\_\_\_ Pooch Pass # \_\_\_\_\_

Amount Paid \_\_\_\_\_ Cash \_\_\_\_\_ Check # \_\_\_\_\_ Initials \_\_\_\_\_

