



Dominick Pangallo
MAYOR

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SUPERINTENDENT

CITY OF SALEM, MASSACHUSETTS
PARK, RECREATION & COMMUNITY SERVICES
401 Bridge Street, Salem MA 01970
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City of Salem Park, Recreation and Community Services
2024 Leslie's Retreat Dog Park Application
(Valid Dates April 1, 2025- March 31, 2026)

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

Park and Recreation Use Only

Date Submitted _____ Pooch Pass # _____

Amount Paid _____ Cash _____ Check # _____ Initials _____

