



# City of Inver Grove Heights Dog Park Pass Application

**HERITAGE VILLAGE  
DOG PARK**

**PASSES ARE GOOD  
FOR 1 YEAR FROM  
PURCHASE DATE!**



Owner's Name:	Owner's Date of Birth:
Street Address:	City, State and Zip Code:
Email:	Phone Number:
Dog #1's Name:	Dog #2's Name (if applicable):
Dog #1's Breed: _____ Dog #1's Color(s): _____	Dog #2's Breed: _____ Dog #2's Color(s): _____
Dog # 1 Male _____ Female _____ Dog's Date of Birth: _____ Age: _____	Dog #2: Male _____ Female _____ Dog #2's Date of Birth: _____ Age: _____
Vet/Clinic: _____ Address: _____ Phone: _____ Dog #1 Rabies Expiration Date: _____ <small>If animal is exempt due to allergy or other reason, owner must provide documentation</small>	Vet/Clinic: _____ Address: _____ Phone: _____ Dog #2 Rabies Expiration Date: _____ <small>If animal is exempt due to allergy or other reason, owner must provide documentation</small>
Resident Dog 1: _____ \$22.00 Resident Dog 2: _____ \$17.00 Lost Pass Replacement _____ \$ 6.00	Non-Resident Dog #1: _____ \$33.00 Non-Resident Dog #2: _____ \$28.00 Lost Pass Replacement _____ \$ 6.00

By signing this application, I understand that I must keep a Certificate of Vaccination for my dog valid for the license term. All dogs kept, harbored, or maintained within the city shall be vaccinated by a licensed veterinarian for rabies with a live modified vaccine and distemper. I further understand that, upon demand of the City Clerk, Animal Control Officer, or Police Officer, I shall present the required Certificate of Vaccination for my dog. If not presented, I shall have ten days in which to present the Certificate to the City Clerk, Animal Control Officer or Police Officer.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**When Returning Application– MUST include Copy of Rabies Vaccination Certificate**

Remit to: City of Inver Grove Heights Parks & Recreation – 8055 Barbara Ave E. – Inver Grove Heights, MN 55077  
[DogParkPasses@ighmn.gov](mailto:DogParkPasses@ighmn.gov) Phone: (651)450-2586

—For Office Use Only— Completed By: \_\_\_\_\_ (staff initials)

Date Rabies Info Received: _____ <b>MUST BE RECEIVED to BE ISSUED a PASS!</b> If not w/application, then there's a 10-day deadline.	Dog Tag # for 1 <sup>st</sup> Dog: _____ * Dog Tag # for 2 <sup>nd</sup> Dog: _____ * <i>(Enter # in MAX w/year preceding it, i.e. 21000301)</i> Date Issued or Mailed: _____
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