

City of Gaithersburg · 31 South Summit Avenue · Gaithersburg, Maryland 20877

Telephone: (301) 258-6330 · Fax: (301) 258-6336

plancode@gaitthersburgmd.gov · www.gaitthersburgmd.gov

DOG EXERCISE AREA APPLICATION

*All information must be complete to initiate processing of application***1) APPLICANT/DOG OWNER** *(must be at least 18 years of age)*

First Name _____ Last Name _____

Street Address _____

City _____ State _____ Zip Code _____

Telephone Numbers: Home _____ Work _____ Cell _____

E-mail Address _____

Driver's License or Identification Number _____

2) PET INFORMATION

Name _____ Date of Birth _____

Primary Breed _____ Secondary Breed _____

Primary Color _____ Secondary Color _____

Sex Male Female Altered? No Yes

Pet License Tag Jurisdiction _____ Pet License Tag Number _____

Microchip Number *(if applicable)* _____

3) VACCINATION INFORMATION

Rabies Vaccination Expiration Date _____

Name of Veterinarian or Clinic that Administered Rabies Vaccine _____

Telephone Number of Veterinarian or Clinic that Administered Rabies Vaccine _____

REQUIRED SUBMITTALS Copy of Current Rabies Vaccination Certificate Current Photograph of Your Pet Fee
