



COUNTY OF LOS ANGELES DEPARTMENT OF

Parks &
Recreation



LOS ANGELES COUNTY

ANIMAL CARE
& CONTROL

redefining
CARE

POOCHES IN THE Pool

BRING COMPLETED FORM

Adult Participant: _____ Number in your party: Adults ____ Minors: ____

Street Address: _____

City: _____ Zip code: _____

Phone: _____ Email: _____

NOTE: We do not sell/share your e-mail information

Number of dogs accompanying you: ____ Breed: _____ Male ☐ Female ☐
Breed: _____ Male ☐ Female ☐

Signature: _____

HOW DID YOU LEARN ABOUT POOCHES IN THE POOL EVENT?

Instagram ☐ Facebook ☐ Website ☐ Word of Mouth ☐ Park/Pool ☐

☐ Flyer from (please specify). _____

☐ Other (please specify). _____

FOR OFFICE USE ONLY

Adult: _____ Number of Dogs: _____ Approval: _____

☐ Registration Form

☐ Waiver for each participant

☐ Rabies Certificate

☐ Current License