



# Pet Agreement Letter

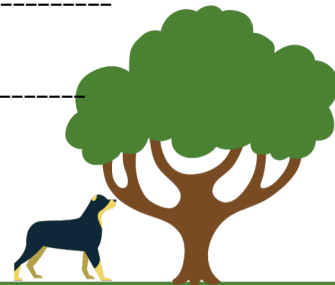
JOSEPHINE BUTLER PARKS CENTER  
2437 15TH STREET NW WASHINGTON DC, 20009

The Josephine Butler Parks Center is a Pet-Friendly venue that welcomes dogs for your special event. There will be a \$150.00 fee for each pet. This fee does not apply to Service Animals; we reserve the right to request validating identification. I agree to and understand the terms of the Parks Center's Pet Agreement as follows:

- A non-refundable pet fee of \$150.00 for each pet will be paid prior to the event date.
- Pet(s) must weigh less than 80 pounds. Verification that vaccinations are complete and up-to-date are required Pet(s) cannot be left unattended at any time. Pet(s) must be on a controlled leash at all times when not inside of the building. Pet(s) must not be walked through the food prepping areas of the venue. Pet(s) must only be walked on the designated pet area(s) of the grounds. Owner(s) are responsible for cleaning up after the pet on Park Center grounds and properly disposing of the waste in the outside dumpster area. Damages caused by my pet to the Josephine Parks Center, its furnishings, or any other part of the establishment are my sole responsibility. I understand that an additional fee will be charged to commensurate the cost of such damages. . I have read the Pet Policy and fully understand and accept this policy set by the Josephine Parks Center as indicated by my signature below.

Pet Owner Signature: \_\_\_\_\_

Pet Owner Name (Please Print): \_\_\_\_\_





# Pet Resume

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Please complete all the applicable information for your pet and return form to the Special Events Manager.

Name \_\_\_\_\_ of \_\_\_\_\_ Pet: \_\_\_\_\_ Pet

Type/Breed: \_\_\_\_\_ Age \_\_\_\_\_ of \_\_\_\_\_ Pet: \_\_\_\_\_

Weight: \_\_\_\_\_ Color: \_\_\_\_\_ Owner Information Name of

Owner: \_\_\_\_\_ Suite

#: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact (if different than above)

Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Alternate

Number: \_\_\_\_\_ Veterinarian Information

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Does your pet have any medical conditions or needs that the Josephine Parks Center staff should be aware of?

\_\_\_\_\_

