

**Allen County Dog Park Membership Application**

**Owner Information**

Name \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Phone # (\_\_\_\_\_) \_\_\_\_\_

2<sup>nd</sup> Person authorized to bring your pet :( Must be at least 18 yrs.) \_\_\_\_\_

**Canine Information**

- Breed/Primary 1<sup>st</sup> if Mix \_\_\_\_\_ License \_\_\_\_\_

Age \_\_\_\_\_ Color \_\_\_\_\_

Male \_\_\_ Neutered \_\_\_ Female \_\_\_ Spayed \_\_\_ If no: Date Scheduled \_\_\_\_\_

Please list reason for not sterilizing \_\_\_\_\_

Dates of Last Vaccinations (attach copy of Veterinarian's receipt)

Distemper Combo \_\_\_\_\_ Rabies \_\_\_\_\_ Bordetella \_\_\_\_\_

**(Please update vaccine information yearly)**

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Age \_\_\_\_\_ Color \_\_\_\_\_

Male \_\_\_ Neutered \_\_\_ Female \_\_\_ Spayed \_\_\_ If no: Date Scheduled \_\_\_\_\_

Please list reason for not sterilizing \_\_\_\_\_

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Distemper Combo \_\_\_\_\_ Rabies \_\_\_\_\_ Bordetella \_\_\_\_\_

**(Please update vaccine information yearly)**

Name of Veterinarian Clinic \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

**Your Dogs Picture Will Be Taken By staff For Our Files. HAVE A GREAT TIME!!!**

Any dog showing aggressive behavior towards people or other dogs must leave the park until proper training is achieved to play nice with others.

Liability Waiver must be signed to be permitted to use park. Thank you for your cooperation

