



ELLISVILLE DOG PARK MEMBERSHIP APPLICATION

\$40 for a one year membership for up to 3 dogs.
Submit full payment, signed hold harmless agreement, updated rabies and bordetella, and proof of spay/neuter with this application.

PLEASE PRINT

Owner's Name(s): _____

Street Address: _____

Apt #: _____ City: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

E-Mail Address: _____

(Members will receive notifications about the Dog Park)

Dog #1 Name: _____ Age: _____ Breed: _____

Sex: M / F Spay/Neuter: Y / N Color: _____

Dog #2 Name: _____ Age: _____ Breed: _____

Sex: M / F Spay/Neuter: Y / N Color: _____

Dog #3 Name: _____ Age: _____ Breed: _____

Sex: M / F Spay/Neuter: Y / N Color: _____

I have signed the attached Acceptance of Risk and Release of Liability Form and have read and agree to the Ellisville Dog Park Rules provided.

_____ Initial

OFFICE USE ONLY

Dog #1 Name: _____

Expiration Date/ Rabies Expiration Date/Bordetella Tag #

Dog #2 Name: _____

Expiration Date/ Rabies Expiration Date/Bordetella Tag #

Dog #3 Name: _____

Expiration Date/ Rabies Expiration Date/Bordetella Tag #

Number of Dogs _____

Total Fee Paid _____ Check # _____ Cash _____ Visa/MC/Disc

Initial _____ Date: _____