

## DOG PARK REGISTRATION FORM

### DOG OWNER INFORMATION:

LAST NAME: \_\_\_\_\_ ( \_\_\_\_\_ )  
 Cell  Home  Work

FIRST NAME: \_\_\_\_\_

MIDDLE INITIAL: \_\_\_\_\_ ( \_\_\_\_\_ )  
 Cell  Home  Work

E-MAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
CITY STATE ZIP  
 Cell  Home  Work

### DOG INFORMATION:

NAME \_\_\_\_\_ PRIMARY BREED \_\_\_\_\_ PRIMARY COLOR \_\_\_\_\_

DOB: \_\_\_\_\_  
MM/YY \_\_\_\_\_ SECONDARY BREED \_\_\_\_\_ SECONDARY COLOR \_\_\_\_\_

SPAYED  NEUTERED  INTACT M F

VETERINARIAN: \_\_\_\_\_ PHONE: ( \_\_\_\_\_ )

CLINIC: \_\_\_\_\_ RABIES TAG #: \_\_\_\_\_

- Yes Has your dog ever shown aggressive behavior towards people or other dogs or been involved in a situation with another dog that resulted in a bite wound to either dog? If yes, please explain.
- No

If you need more room please use the back of this form.

### ADDITIONAL CONTACT:

LAST FIRST MIDDLE INITIAL

PHONE: ( \_\_\_\_\_ ) \_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_  
 Cell  Home  Work  Cell  Home  Work  Cell  Home  Work

ADDRESS:  SAME AS ABOVE STREET: \_\_\_\_\_  
CITY/STATE/ZIP: \_\_\_\_\_

I verify that the above information is accurate. I also verify that my dog has a current rabies vaccination. I have read the Facility Policies governing the Dog Park and I agree to abide by them. I understand that failure to do so may result in my dog's Dog Park Tag being revoked. I understand that all registration materials including liability, names of handlers and information regarding my dog may be provided to others upon request.

Signature of Dog Owner: \_\_\_\_\_ Date: \_\_\_\_\_

**Office Use Only:**

Referred to Animal Control for review

DOG PARK TAG \_\_\_\_\_ / \_\_\_\_\_ TO \_\_\_\_\_ / \_\_\_\_\_ DATES VALID

FEE PAID \_\_\_\_\_

Chameleon Receipt # \_\_\_\_\_ Staff: \_\_\_\_\_

