

Pet Haven Off-Leash Dog Park Membership Application

Owners Name: _____

Email Address _____

Mailing Address _____

City _____ State _____ Zip _____

Phone Number (____) _____ Work/Emergency Phone (____) _____

Number of dogs in Household _____

Number of dogs in Household for which you are applying (please circle) 1 2 3 4 5

Dog Information (ONE application per dog)

Name _____ Breed _____

Date-of-Birth _____ Date of Spay/Neuter _____

**All dogs over the age of 6 months must be spayed or neutered.*

Vaccination Information/Record

A copy of your dog's veterinarian record for each dog which you are making application is required.

Dogs **MUST** be current on the following vaccinations.

Rabies _____ DHPP (distemper, hepatitis, parainfluenza, parvovirus) _____

Bordatella _____

License Information

Dog's license for each dog for which you are making application is required.

Current License# _____

Veterinarian Information

Vet's Name _____ Phone Number _____