

Doylestown Dog Park Membership Application/Renewal

Last Name _____ First name _____ DOB: ____/____/____

Residency (check one): Resident (Doylestown Township/Borough) - \$55 **or** Non-Resident (all others) - \$ 65
 Senior - 65+ (Doylestown Township/Borough) - \$ 50 **or** Senior - 65+ (Non-Resident) - \$ 60

Add'l Dogs (over two): _____ @ \$15/ea (R) / \$20/ea (NR) • Add'l Key Fob (1/household) _____ @ \$20/ea

Renewal (complete): Key Fob 1 # _____ Key Fob 2 # _____

Address: _____ Township: _____

City: _____ State: _____ Zip Code: _____

Phone (h): _____ Phone (c): _____ Email: _____

Emergency Contact: _____ Relationship: _____

Emer. Phone: _____ Emer. Cell: _____ Alt. Phone: _____

Additional family members permitted to use access tag (**18 years of age and have completed orientation**) - Office Use Only

1) _____ DOB: _____ 3) _____ DOB: _____

2) _____ DOB: _____ 4) _____ DOB: _____

Use additional sheet for other dogs in same household (R - \$15 ea. / NR - \$20 ea.)

| | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|-------------------------------------------|---------------------------|
| Breed: _____ | Age: _____ | Date of Birth ____/____/____ | Weight (lbs.) _____ |
| Name of Dog: _____ | Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female | Spayed/Neutered: <input type="checkbox"/> | |
| Color(s): _____ | Vet: _____ | | |
| License #: _____ | Exp. Date: ____/____/____ | Rabies #: _____ | Exp. Date: ____/____/____ |
| Has this dog ever displayed any aggressive behavior toward another dog(s) or person(s)? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown | | | |
| Has this dog ever received a Police or PA Dog Law citation? <input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes (reason) _____ | | | |

First Dog

| | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|-------------------------------------------|---------------------------|
| Breed: _____ | Age: _____ | Date of Birth ____/____/____ | Weight (lbs.) _____ |
| Name of Dog: _____ | Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female | Spayed/Neutered: <input type="checkbox"/> | |
| Color(s): _____ | Vet: _____ | | |
| License #: _____ | Exp. Date: ____/____/____ | Rabies #: _____ | Exp. Date: ____/____/____ |
| Has this dog ever displayed any aggressive behavior toward another dog(s) or person(s)? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown | | | |
| Has this dog ever received a Police or PA Dog Law citation? <input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes (reason) _____ | | | |

Second Dog

Payment method: Check Cash Credit Card (*complete below*): Visa MasterCard Discover

Credit Card #: _____ Exp. Date ____/____/____ CVV # _____

Billing Address: _____ City _____ State _____ Zip _____

Cardholder signature _____ Date: _____

Office use Only

| | | |
|------------------------------------------------------------------------|-------------------------------------|-------------------------------------------------------------------------------------|
| <input type="checkbox"/> Orientation | <input type="checkbox"/> DHPP | Application: <input type="checkbox"/> New <input type="checkbox"/> Renew = \$ _____ |
| <input type="checkbox"/> Application & <input type="checkbox"/> Waiver | <input type="checkbox"/> Bordetella | Add'l Dogs: _____ @ \$ _____ = \$ _____ |
| <input type="checkbox"/> Sign-Off Form | Fob #1 _____ | Add'l Fob (1): _____ @ \$ _____ = \$ _____ |
| <input type="checkbox"/> License | Fob #2 _____ | TOTAL = \$ _____ |
| <input type="checkbox"/> Rabies | | |

Sign-Off - Rules and Immunization Requirements

Please read this page carefully, initial and sign. This page is required to be submitted with your registration materials.

_____ I have received, read and understand the Doylestown Dog Park Application and Information Packet in its entirety and agree to abide by all rules and park etiquette as established. I understand that failure to comply will result in suspension or revocation of my dog park membership without refund.

_____ I understand that I am solely responsible for the actions of myself and dog(s) including but not limited to

_____ Any and all damages caused to the park facility by my dog(s)

_____ Any and all injuries caused by my dog to another person(s) and or dog(s)

_____ I understand and agree that it is solely my responsibility to maintain current immunization and license records on file and provide updated records if and when they expire for as long as I maintain a Doylestown Dog Park membership. I understand that if I do not do this, my access key fob will be deactivated and will not be reactivated until updated/current records are submitted.

Name (print legibly)

Signature

Date

Doylestown Township reserves the right to suspend or revoke park privileges to any member who fails to follow park rules and etiquette or where it has been determined a member dog or dog owner is dangerous to others or is in violation of any applicable animal ordinances or regulations.