



FREEDOM BARK PARK

REGISTRATION FORM

NAME OF OWNER(S): _____

PHONE #: _____ EMAIL: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

NAME OF DOG 1: _____ **BREED:** _____

SEX: MALE FEMALE NEUTERED/SPAYED: YES NO AGE: _____

DISTINCT MARKINGS & COLOR: _____

VETERINARY CLINIC: _____ PHONE #: _____

DATE OF VACCINES: RABIES _____ (1 OR 3 YEAR) DHPPL (DISTEMPER/PARVO/LEPTOSPIROSIS) _____

NAME OF DOG 2: _____ **BREED:** _____

SEX: MALE FEMALE NEUTERED/SPAYED: YES NO AGE: _____

DISTINCT MARKINGS & COLOR: _____

VETERINARY CLINIC: _____ PHONE #: _____

DATE OF VACCINES: RABIES _____ (1 OR 3 YEAR) DHPPL (DISTEMPER/PARVO/LEPTOSPIROSIS) _____

PROOF OF VACINATIONS MUST ACCOMPANY THIS REGISTRATION FORM

While these are the required vaccines for park membership, it is strongly recommended that all members remain on flea, tick, and heartworm prevention and are vaccinated against Lyme disease and Bordatella. We also suggest that yearly heartworm and fecal tests are performed.

SIGNATURE OF APPLICANT: _____ DATE: _____

OFFICE USE ONLY

FEE PAID: \$ _____ **RECEIPT #:** _____ **BARK PARK PASS # ISSUED:** _____

VACINATIONS DUE: _____ **WAIVERS SIGNED:** _____ **RULES GIVEN:** _____