

Dog Park Mount Joy

Membership Registration



Owner's Name _____ Email _____

Co-owner's Name _____ Email _____

Address _____

Phone # _____ Phone # _____

Emergency Contact _____ Phone # _____

Veterinarian _____ Phone # _____

Homeowner's or Renter's Insurance Company _____

Policy # _____ Phone # _____

Dog #1 \$50

Name _____ Age _____

Breed _____ Gender _____

County License # _____

Dog #2 \$25

Name _____ Age _____

Breed _____ Gender _____

County License # _____

Dog #3 \$25

Name _____ Age _____

Breed _____ Gender _____

County License # _____

Dog #4 \$25

Name _____ Age _____

Breed _____ Gender _____

County License # _____

_____ I have read and will abide by the dog park Rules & Regulations

_____ I am covered by sufficient liability insurance (homeowner's or renter's insurance)

_____ I have signed the Liability Waiver and attached my veterinarian's Verification of Health

_____ I am interested in volunteering

Signature _____ **Date** _____

For Office Use Only

Date of Registration ____/____/____ Amount Paid \$ _____

Swipe Card # _____

Method of Payment ____ Check ____ Credit Card ____ Cash

Processed by _____