



Waggin' Tails Dog Park Membership Application

Owner Information

Name _____

Address _____

Phone (home) _____ Phone (mobile) _____

Email _____

How many people besides yourself will be bringing your dogs to Waggin' Tails Dog Park? _____

Can you provide proof of home owner's or renter's insurance that covers pet incidents? _____

How many dogs will be included in your membership? _____

Pet Information

Name _____

Age _____, Sex _____, Breed _____

How long have you owned this dog _____

If applicable, which shelter or pet rescue did this dog come from, and when did you adopt it?

Vet/Animal Hospital _____

Additional Pet Information

(please print copies of this page for each additional dog)

Name _____

Age _____, Sex _____, Breed _____

How long have you owned this dog _____

If applicable, which shelter or pet rescue did this dog come from, and when did you adopt it?

Vet/Animal Hospital _____