

# Doylestown Dog Park Membership Application/Renewal

Last Name \_\_\_\_\_ First name \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

**Add'l Dogs (over two):** \_\_\_\_\_ @ \$15/ea (R) / \$20/ea (NR) • **Add'l Key Fob (max 1)** \_\_\_\_\_ @ \$15/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 (**must be over 18 years of age and have completed orientation**):

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: _____ @ \$ _____ = \$ _____
<input type="checkbox"/> License	Fob #2 _____	<b>TOTAL = \$ _____</b>
<input type="checkbox"/> Rabies		