

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 _____	TOTAL = \$ _____
<input type="checkbox"/> Rabies		