**FOB # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**THIS REGISTRATION IS NON‐TRANSFERABLE.**

**ALL DOGS MUST BE REGISTERED PRIOR TO ENTERING CONWAY DOG PARK.**

|  |  |  |  |
| --- | --- | --- | --- |
| [ ] Day Pass $5.00 | [ ] Week Pass $25.00 |  [ ]  Yearly  $52.00 |  [ ]  New Registration  $52.00 with $15 key FOB |
| Invoice #  |  [ ]  CASH [ ]  CHECK [ ]  CREDIT \_\_\_\_\_\_\_\_\_ |

Please print clearly and fill in each item completely.

|  |  |  |
| --- | --- | --- |
| 1. | Owner’s name | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 2. | Owner’s email | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 3. | Address | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Apt # \_\_\_\_\_\_\_\_\_ |
|  | City | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | State | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Zip Code | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 4. | Owner’s Phone | Home | \_\_\_\_\_\_\_\_\_\_\_\_\_ | Cell | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Work | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 5. | Names of ALL household members, age 16 & older, who will be responsible for dog at the park \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 6. | Dog’s name | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Color | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Age | \_\_\_\_\_\_ | Sex | M / F |
| 7. | Dog’s License # | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | County | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | PROOF REQUIRED |
| 8. | Date of most recent vaccination | Rabies | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | PROOF REQUIRED |
|  | Date of most recent vaccination | Distemper | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | PROOF REQUIRED |
|  | Date of most recent vaccination | Parvovirus | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | PROOF REQUIRED |

By signing this application, I agree to abide by all rules and regulations made by the Huron County Humane Society (HCHS) for Conway Dog Park under penalty of law and I indemnify and hold harmless HCHS and its Board Members, employees and volunteers for all loss, damage or cost that I and or my dog me suffer as a result of the use of the dog park. I further have reviewed this application and know all statements made to be true. I also acknowledge I have received a copy of the rules and have read through them thoroughly.

|  |  |
| --- | --- |
| Signature | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |