**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.

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