

Tag# _____

SHAMROCK DOG PARK ENROLLMENT FORM

Thank you for your interest in membership at the Shamrock Dog Park. Current membership is from January 1, 2008 to December 31, 2008 for up to three dogs. Following memberships will be for a 1-year period. Membership for the first dog is \$85. Each additional dog is \$20.00 per year. The dog park also allows a daily membership of \$2.00 per day per dog.

Please complete the form below to become a member of the Shamrock Dog Park. Upon submission of your enrollment form and fulfillment of the regulations governing the dog park, you will be issued a park tag for your dog. Please affix this to your dog's collar, as the staff of Sauk Prairie Small Animal Hospital will be checking for membership tags within the park.

We appreciate your participation in Sauk Prairie's first dog park. We also appreciate any donations you would like to make to help us make the dog park a more fun and safe place to exercise with your dog.

Date: _____ Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Telephone: _____

Car/Truck License Plate: _____

We will verify vaccination dates with your current veterinarian before issuing a park membership. Please provide the Dog Name(s) and Vaccination DUE dates:

Dog #1 Name: _____ Breed: _____ Rabies: _____ Distemper: _____

Dog #2 Name: _____ Breed: _____ Rabies: _____ Distemper: _____

Dog #3 Name: _____ Breed: _____ Rabies: _____ Distemper: _____

Current Veterinarian Name/Number: _____

Membership Type: New Renewal

Membership Level: \$85 Individual dog Additional dogs x _____ @ \$20.00/dog

\$170 Corporate (Training Meetings, classes, etc.) Shamrock Club

Please check any activities that you would like to participate in:

- Fundraising
- Dog Park Maintenance
- Membership Committee
- Special Event Planning
- Website Committee
- Social Committee

*If you currently use the Sauk Prairie Small Animal Hospital for your veterinary services or would like to start, please ask for our “**Shamrock Loyalty Certificate**” when applying for your Shamrock Dog Park membership.*

Comments:

I, the undersigned, have read and understand the rules and regulations of the Shamrock Dog Park and agree to follow these rules for the good of all visitors to the park. I also understand that I am responsible for any and all damage to property, dogs, or humans which my dog may cause. I hereby release Sauk Prairie Small Animal Hospital and the Shamrock Dog Park from any liability for injury to myself, my dog, or any animal with which my dog may come into contact.

Name

Date

(Revised June 2007)