

APPLICATION

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 www.howlabalooodogpark.com 🐾 Email: info@howlabalooodogpark.com



*** CURRENT LICENSE, VACCINATIONS, BORDETELLA, AND NEGATIVE FECAL REQUIRED FOR ALL DOGS ***

OWNER/VISITOR INFORMATION		(APPLICANT MUST BE 18 YEARS OLD)		PLEASE PRINT		DATE ____/____/____	
Dog Owner/Visitor Name:				Dog Co-Owner/Visitor Name:			
Address:			City:		State:	Zip Code:	
Home Phone:		Cell Phone:		Email:			
How did you hear about Howlabaloo Dog Park?					Preferred Contact: <input type="checkbox"/> Email <input type="checkbox"/> Us Mail		

DOG #							
Name:			Sex: <input type="checkbox"/> Female <input type="checkbox"/> Spayed <input type="checkbox"/> Male <input type="checkbox"/> Neutered		Age:	Weight:	
Breed:		Color/Markings:		License: <input type="checkbox"/> Current <input type="checkbox"/> Lifetime		County:	
Did you adopt this dog from a rescue group or shelter? <input type="checkbox"/> Yes <input type="checkbox"/> No				Organization Name:		Adoption Date:	

BEHAVIOR PROFILE HAS THIS DOG EVER:				(OFFICE USE ONLY)			
been in OFF-LEASH social situations with unknowns dogs? <input type="checkbox"/> Yes <input type="checkbox"/> No				Rabies Exp:		Lyme Exp:	
shown aggressive tendencies toward people or other dogs? <input type="checkbox"/> Yes <input type="checkbox"/> No				DHPP Exp:		Other:	
bitten a person or another dog? <input type="checkbox"/> Yes <input type="checkbox"/> No				Lepto Exp:		Waiver: <input type="checkbox"/> Yes <input type="checkbox"/> No	
has been bitten by another dog? <input type="checkbox"/> Yes <input type="checkbox"/> No				Bordetella Exp:		Notes:	
caused any person or another dog to seek medical attention? <input type="checkbox"/> Yes <input type="checkbox"/> No				- Fecal Exp:			
charged at fence, strangers, children or other dogs? <input type="checkbox"/> Yes <input type="checkbox"/> No				Notes:			

DOG #							
Name:			Sex: <input type="checkbox"/> Female <input type="checkbox"/> Spayed <input type="checkbox"/> Male <input type="checkbox"/> Neutered		Age:	Weight:	
Breed:		Color/Markings:		License: <input type="checkbox"/> Current <input type="checkbox"/> Lifetime		County:	
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charged at fence, strangers, children or other dogs? <input type="checkbox"/> Yes <input type="checkbox"/> No				Notes:			

VETERINARY CONTACT			
Veterinarian:		Phone:	Fax:

(OFFICE USE ONLY)					
<input type="checkbox"/> Day Visit	<input type="checkbox"/> Monthly	<input type="checkbox"/> Weekend Annual	<input type="checkbox"/> Semi-Annual	<input type="checkbox"/> Annual	Member #:
Membership Begin Date:			Membership Expiration Date:		

SIGNATURES		
By signing below, I agree that the statements and information that I have provided for myself and my dogs, owned by me and in my household are true. I further agree that in the event any information above changes, it is solely and exclusively my responsibility to immediately provide this information in writing to Jackson's Howlabaloo Dog Park, LLC.		
Owner/Visitor Name (please print)	Owner/Visitor Signature	Date
Co-Owner/Visitor Name (please print)	Co-Owner/Visitor Signature	Date
Member Name (please print)	Member Signature	Date

Park users and dog owners are legally liable and responsible for any damage, disease, and/or injury inflicted by you and/or your dog.