

Brevard County Off-Leash Dog Park Registration Form

OWNER'S INFORMATION:

Owner's name: _____
Address: _____
City/State/Zip: _____
Home Phone Number: () _____ Mobile Phone Number: () _____
Emergency Contact Name: _____ Phone Number: () _____

DOG #1 - INFORMATION:

Dog's Name _____
Breed/Color _____
Weight: _____ Sex: M F Spay or Neuter? YES NO
Temperament Tested? NO YES Date Tested: _____
License # and expiration date: _____

DOG #2 - INFORMATION:

Dog's Name _____
Breed/Color _____
Weight: _____ Sex: M F Spay or Neuter? YES NO
Temperament Tested? NO YES Date Tested: _____
License # and expiration date: _____

DOG #3 - INFORMATION:

Dog's Name _____
Breed/Color _____
Weight: _____ Sex: M F Spay or Neuter? YES NO
Temperament Tested? NO YES Date Tested: _____
License # and expiration date: _____

Registration Type:

- | | |
|--|--------------------|
| <input type="checkbox"/> Daily | \$2/ \$3 per visit |
| <input type="checkbox"/> Individual | \$150 per year |
| <input type="checkbox"/> Individual Spayed/ Neutered | \$100 per year |
| <input type="checkbox"/> Family | \$200 per year |
| <input type="checkbox"/> Family Spayed/ Neutered | \$150 per year |

Family Membership Only:

List the names of other adult family members residing in member's home authorized to bring the above listed dogs to the Dog Park:

Name: _____
Name: _____
Name: _____
Name: _____

Owner Signature

Date

All family members/ handlers and guests must agree to abide by the rules and regulations at all times and sign release and rules prior to entering the Dog Park(s).