



Glass City Dog Park Membership Application



Owner Information

Name(s)			
Mailing Address	City	State	Zip
Cell Phone	Alternate Phone		
Email Address	Join Email List? <input type="checkbox"/> Yes <input type="checkbox"/> No Contact Me About Volunteering <input type="checkbox"/> Yes <input type="checkbox"/> No		
Emergency Contact	Emergency Contact Phone		

Dog Information

Dog #1

Name	Breed	Gender	Weight
Color	Birthdate	<input type="checkbox"/> Spayed <input type="checkbox"/> Neutered	
Has this dog ever shown aggressive tendencies toward people or other dogs? If yes, please explain.			
Dog License Number	County Issued		

Dog #2

Name	Breed	Gender	Weight
Color	Birthdate	<input type="checkbox"/> Spayed <input type="checkbox"/> Neutered	
Has this dog ever shown aggressive tendencies toward people or other dogs? If yes, please explain.			
Dog License Number	County Issued		

Dog #3

Name	Breed	Gender	Weight
Color	Birthdate	<input type="checkbox"/> Spayed <input type="checkbox"/> Neutered	
Has this dog ever shown aggressive tendencies toward people or other dogs? If yes, please explain.			
Dog License Number	County Issued		

Please send check or money order (payable to Toledo Unleashed) and all forms to;

Glass City Dog Park
2201 Ottawa Parkway
Toledo OH 43606

glasscitydogpark.org