



Glass City Dog Park Membership Application



Owner Information

Name(s)									
Mailing Address					City		State		Zip
Cell Phone					Home Phone				
Email Address									
Emergency Contact					Emergency Contact Phone				

Dog #1

Dog Information

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.									
Has this dog been part of your family for at least 2 months? <input type="checkbox"/> Yes <input type="checkbox"/> No									
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.									
Has this dog been part of your family for at least 2 months? <input type="checkbox"/> Yes <input type="checkbox"/> No									
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.									
Has this dog been part of your family for at least 2 months? <input type="checkbox"/> Yes <input type="checkbox"/> No									
Dog License Number					County Issued				

Join Email List? Yes No Contact Me About Volunteering Yes No

How did you hear about us?

- Referred by Existing Dog Park Member _____ Internet Search _____
 Media Coverage of the Dog Park Drove by on Anthony Wayne Trail Facebook
 Dog Park Event Received Gift Certificate Other _____