



# Dog Park Registration - \$20/ year April - March \$10 Oct. - March

(Dec 05)

Date of Registration: \_\_\_\_\_

Vehicle & Lic. Plate #: \_\_\_\_\_

Your Last Name \_\_\_\_\_ Your First Name \_\_\_\_\_

Address: \_\_\_\_\_  
(Street Address/Civic #/ Box #/RR#) (City/Town/Province/Postal Code)

Email Address: \_\_\_\_\_ please print email address clearly

Phone Numbers: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

**Dog #1 Tag #** \_\_\_\_\_

Please provide proof of vaccinations, **including kennel cough vaccination**, by showing us your dog's veterinary records.

Name: \_\_\_\_\_ Age \_\_\_\_\_ Gender (circle) M F

Breed Description: Mixed Breed \_\_\_\_\_ Purebred \_\_\_\_\_

Description of Dog \_\_\_\_\_

Spay/Neuter: YES  Verification \_\_\_\_\_  
(Name of Clinic) (phone)

NO  Why not? \_\_\_\_\_

**Dog #2 Tag #** \_\_\_\_\_

Please provide proof of vaccinations, **including kennel cough vaccination**, by showing us your dog's veterinary records.

Name \_\_\_\_\_ Age \_\_\_\_\_ Gender (circle) M F

Breed Description Mixed Breed \_\_\_\_\_ Purebred \_\_\_\_\_

Description of Dog \_\_\_\_\_

Spay/Neuter: YES  Verification \_\_\_\_\_  
(Name of Clinic) (phone)

NO  Why not? \_\_\_\_\_

**In consideration of the benefits derived from my use of this off-leash park, I agree to assume all risks inherent in the use of this facility, and release the P.E.I. Humane Society from any damage or claims arising by reason of my use of the Dog Park, including damages and injuries caused by the acts of other users and their animals. Furthermore, I approve the release of any known facts from my veterinarian to verify the above information.**

Your Signature \_\_\_\_\_ Date \_\_\_\_\_