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**Jeffersonville Parks & Recreation Department**

**500 Quartermaster Court, Suite 205**

**DOG PARK MEMBERSHIP APPLICATION**

Allows key FOB access to Jeffersonville Highland Dog Park at 1300 Spruce Drive

All dogs must be registered at the same owner residence

Owner name(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Vet/Clinic\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ OFFICE USE:

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Receipt # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Key Fob # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \*Date of registration\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \*EXPIRES in 1 yr. (or if immunizations are due)

|  |  |  |  |
| --- | --- | --- | --- |
| Dog ID Info All dogs must be spayed/neutered and at least 4 months of age | | | |
| Name |  |  |  |
| Breed |  |  |  |
| Weight |  |  |  |
| Color |  |  |  |
| DOB |  |  |  |

After dog park registration & payment send up to date immunization record(s) to: ParksInfo@cityofjeff.net

|  |  |  |  |
| --- | --- | --- | --- |
| List date Immunization Expires \*must provide documentation from Vet of expiration dates | | | |
| Rabies |  |  |  |
| Distemper |  |  |  |
| Parvo |  |  |  |
| Bordetella/ Kennel Cough |  |  |  |