



Wayside Waifs Bark Park
Registration Form

Date _____

Circle one : Monthly Pass Yearly Pass Bark Park ID# _____

Owner's Last Name: _____ First Name: _____

List other members in household who may accompany you to the park: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Email Address: _____

Emergency Contact: _____ Emergency Contact Phone: _____

Dog 1

Name: _____ Breed: _____

Date of Birth: _____ Color: _____

Gender: Neutered Male Spayed Female **Unaltered dogs are not allowed**

Animal Hospital Used: _____

Veterinarian: _____ Phone: _____

Vaccination History: **If you do not have a copy of vaccinations with you, we will need Veterinarian information.**

Check and give date of the vaccines your dog has received:

RV (Rabies) **REQUIRED** _____ Tag # _____

DHLPP -C (Distemper) **(recommended)** _____

Bordetella **(recommended)** _____

Does this dog have any medical problems we should be aware of? no yes, please explain

Has this dog received any obedience or special training? no yes, please describe _____

Dog 2

Name: _____ Breed: _____

Age: _____ Color: _____

Gender: Neutered Male Spayed Female **Unaltered dogs are not allowed**

Animal Hospital Used: _____

Veterinarian: _____ Phone: _____

Vaccination History: **If you do not have a copy of vaccinations with you, we will need Veterinarian information.**

Check and give date of the vaccines your dog has received:

RV (Rabies) **REQUIRED** _____ Tag # _____

DHLPP-C (Distemper) (**recommended**) _____

Bordetella (**recommended**) _____

Does this dog have any medical problems we should be aware of? no yes, please explain

Has this dog received any obedience or special training? no yes, please describe _____

Dog 3

Name: _____ Breed: _____

Age: _____ Color: _____

Gender: Neutered Male Spayed Female **Unaltered dogs are not allowed**

Animal Hospital Used: _____

Veterinarian: _____ Phone: _____

Vaccination History: **If you do not have a copy of vaccinations with you, we will need Veterinarian information.**

Check and give date of the vaccines your dog has received:

RV (Rabies) **REQUIRED** _____ Tag # _____

DHLPP-C (Distemper) (**recommended**) _____

Bordetella (**recommended**) _____

Does this dog have any medical problems we should be aware of? no yes, please explain

Has this dog received any obedience or special training? no yes, please describe _____
