

# Dog Park Registration Form

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

I am a:  Resident of Upper Dublin  Non-Resident of Upper Dublin

Emergency Contact Name: \_\_\_\_\_ Emergency Contact Phone: \_\_\_\_\_

Additional Family Members permitted to use key fob (must be 16+ years of age):

Name #1: \_\_\_\_\_ Name #2: \_\_\_\_\_ Name #3: \_\_\_\_\_

Would you like additional key fobs (\$15 per fob):  No  Yes, 1 extra  Yes, 2 extra  Yes, 3 extra

I am a registering:  One dog  Two dogs  Three dogs

**\*A photo of your dog(s) and copies of their vaccines must be included with the registration form.**

## Dog #1 Information:

Name of Dog: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_ Weight (lbs.) \_\_\_\_\_  
Breed: \_\_\_\_\_ Sex:  Male  Female Spayed/Neutered:   
Color(s): \_\_\_\_\_  
Rabies Vac. Exp. Date: \_\_\_/\_\_\_/\_\_\_ DHPP Vac. Exp. Date: \_\_\_/\_\_\_/\_\_\_ Bordetella Vac. Exp. Date: \_\_\_/\_\_\_/\_\_\_  
Has this dog ever displayed any aggressive behavior toward another dog(s) or person(s)?  No  Yes  Unknown  
Has this dog ever received a Police or PA Dog Law citation?  Unknown  No  Yes (reason) \_\_\_\_\_

## Dog #2 Information (if needed):

Name of Dog: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_ Weight (lbs.) \_\_\_\_\_  
Breed: \_\_\_\_\_ Sex:  Male  Female Spayed/Neutered:   
Color(s): \_\_\_\_\_  
Rabies Vac. Exp. Date: \_\_\_/\_\_\_/\_\_\_ DHPP Vac. Exp. Date: \_\_\_/\_\_\_/\_\_\_ Bordetella Vac. Exp. Date: \_\_\_/\_\_\_/\_\_\_  
Has this dog ever displayed any aggressive behavior toward another dog(s) or person(s)?  No  Yes  Unknown  
Has this dog ever received a Police or PA Dog Law citation?  Unknown  No  Yes (reason) \_\_\_\_\_

## Dog #3 Information (if needed):

Name of Dog: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_ Weight (lbs.) \_\_\_\_\_  
Breed: \_\_\_\_\_ Sex:  Male  Female Spayed/Neutered:   
Color(s): \_\_\_\_\_  
Rabies Vac. Exp. Date: \_\_\_/\_\_\_/\_\_\_ DHPP Vac. Exp. Date: \_\_\_/\_\_\_/\_\_\_ Bordetella Vac. Exp. Date: \_\_\_/\_\_\_/\_\_\_  
Has this dog ever displayed any aggressive behavior toward another dog(s) or person(s)?  No  Yes  Unknown  
Has this dog ever received a Police or PA Dog Law citation?  Unknown  No  Yes (reason) \_\_\_\_\_

# Registration Quiz

1. Which vaccinations are required for Twining Valley Dog Park membership?

Rabies  DHPP  Bordetella  All of the above

2. How old must a dog be to register for a Twining Valley Dog Park membership?

3 months  4 months  6 months  1 year

3. When do you need to renew your Twining Valley Dog Park membership?

Every year on September 15  A year from the date I initially registered  Every 6 months  Never

4. True or False? You should bring your dog's favorite toy to the dog park.  True  False

5. What should you do if you lose your key fob?

Jump the fence  Ask another member to open the gate for you

Report the lost key fob to UDP&R to receive a replacement  Never visit the park again (Sorry, Max!)

6. True or False? I can choose to bring my large dog into the small dog area.

True  False

7. The following type of dog collar is *not* permitted at Twining Valley Dog Park.

Pinch  Prong  Spike  All of the above

8. All of the following behaviors indicate healthy play except:

Wide, circular tail wagging  Butt bumps  Tail wagging only at the tip  Play bows

9. Which behaviors indicate that it may be time to go home?

Hard stares and face-offs  One dog chasing, pinning, targeting or not letting up on another dog

A group of dogs mobbing an individual dog  All of the above

10. True or False? Any serious dog bite requiring medical attention to a dog or person should be reported to police.

True  False

## Office Use Only

<input type="checkbox"/> Registration Form	<input type="checkbox"/> Quiz	Non-Resident annual fee @ \$50 per household = \$ _____
<input type="checkbox"/> DHPP Vaccine	<input type="checkbox"/> Bordetella Vaccine	Additional Fob(s) _____ @ \$15 each = \$ _____
<input type="checkbox"/> Rabies Vaccine	<input type="checkbox"/> Photo of Dog	<b>TOTAL = \$ _____</b>

# Hold Harmless Agreement

Any participant and/or his guardian, in consideration for the Township of Upper Dublin through its Department of Parks & Recreation providing facilities, instruction, transportation and supervision in the activity for which he has registered does hereby:

1. Agree to assume all risks and responsibilities of possible damage or injury involved through participation in said activity. I understand I am to furnish my own insurance in case of injury.
2. Request permission to participate in the activity with the full knowledge that the said activity could result in damage or injury to me.
3. Agree to indemnify and hold harmless the Township, its department and agents from liability for personal injury or property damage resulting from my participation in said activity.
4. Waive the right to dispute all proper charges once he/she/they have registered and/or participated in the UDP&R program, trip, special event or membership for which a registration is received.
5. Agree to reimburse Upper Dublin Township for any and all fees incurred for wrongfully disputing a credit charge.
6. Agree to allow Upper Dublin Township to use any photos taken at an activity for future Township publications.

**Print Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_