SHAMROCK DOG PARK ENROLLMENT FORM   Calendar Year_____

Current membership is FOR THE CURRENT CALENDAR YEAR ONLY, for up to three dogs. Memberships are honored for the <u>Calendar Year.</u>
<u>Early bird enrollment begins October 1st each year -get the remainder of current calendar year free with your annual membership!</u>

Membership for the first dog is $98.00 + TAX. Each additional dog is $45.00 + TAX per year. The dog park also allows a monthly membership of $15.00 per month per dog.

Please complete the form below to become a member of the Shamrock Dog Park. Upon submission of your enrollment form and fulfillment of the regulations governing the dog park, you will be issued a park tag for your dog. Please affix this to your dog's collar, as the staff of Sauk Prairie Small Animal Hospital will be checking for membership tags within the park.

Date: _____Name: _____

Address: _____

City: _____State: _____ Zip: _____

Email: _____ Telephone: _____

Car/Truck License Plate: _____

We will verify vaccination dates with your current veterinarian before issuing a park membership. Please provide the Dog Name(s) and Vaccination DUE dates:

Dog #1 Name: _____ Breed: _____Rabies: _____ Distemper:_____

Dog #2 Name: _____ Breed: _____Rabies: _____ Distemper:_____

Dog #3 Name: _____ Breed: _____Rabies: _____ Distemper:_____

Current Veterinarian Name/Number: _____

Membership Type: New   Renewal

Membership Level: $98.00 Individual dog   Additional dogs x _____ @ $45.00/dog

*If you currently use the Sauk Prairie Small Animal Hospital for your veterinary services or would like to start, please ask for our **"Shamrock Loyalty Discount" of $20.00** when applying for your Shamrock Dog Park membership. We offer not only hospital services for your pet, but also have a full service Pet Resort including training, boarding, grooming and daycare. Tours of the Shamrock Pet Resort are always welcome!*
Comments:

I, the undersigned, have read and understand the rules and regulations of the Shamrock Dog Park and agree to follow these rules for the good of all visitors to the park. I also understand that I am responsible for any and all damage to property, dogs, or humans which my dog may cause. I hereby release Sauk Prairie Small Animal Hospital and the Shamrock Dog Park from any liability for injury to myself, my dog, or any animal with which my dog may come into contact**.**

Please inform the Staff of Sauk Prairie Small Animal Hospital if there are any questions, concerns or issues during your time at our dog park!

_____
Name   Date