



# City of Farmington Hills William Grace Dog Park Application Expires January 31, 2022



Please complete and return this form to: The Costick Activities Center, 28600 Eleven Mile Rd, Farmington Hills, MI 48336. A current copy of all vaccinations and dog license must be included with this application and you must attend a one-time dog park orientation class. Vaccinations must be issued by a Licensed Veterinarian.

### OWNERS INFORMATION

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Daytime Phone \_\_\_\_\_

E-mail \_\_\_\_\_ *(e-mail will be used to send out park updates)*

Other authorized users (must be 18 yrs old) \_\_\_\_\_

Fob # \_\_\_\_\_ **(OFFICE USE)**

### DOG INFORMATION: DOG 1

TAG # \_\_\_\_\_ **(OFFICE USE)**

Dogs Name \_\_\_\_\_ Dog License # \_\_\_\_\_

Specific Breed or Mix \_\_\_\_\_

Color \_\_\_\_\_ Birth Year \_\_\_\_\_ Sex \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Fixed

### Vaccination Expiration Dates:

Rabies \_\_\_\_\_ DHLPP \_\_\_\_\_ Bordatella \_\_\_\_\_

### DOG INFORMATION: DOG 2

TAG # \_\_\_\_\_ **(OFFICE USE)**

Dogs Name \_\_\_\_\_ Dog License # \_\_\_\_\_

Specific Breed or Mix \_\_\_\_\_

Color \_\_\_\_\_ Birth Year \_\_\_\_\_ Sex \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Fixed

### Vaccination Expiration Dates:

Rabies \_\_\_\_\_ DHLPP \_\_\_\_\_ Bordatella \_\_\_\_\_

### DOG INFORMATION: DOG 3

TAG # \_\_\_\_\_ **(OFFICE USE)**

Dogs Name \_\_\_\_\_ Dog License # \_\_\_\_\_

Specific Breed or Mix \_\_\_\_\_

Color \_\_\_\_\_ Birth Year \_\_\_\_\_ Sex \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Fixed

### Vaccination Expiration Dates:

Rabies \_\_\_\_\_ DHLPP \_\_\_\_\_ Bordatella \_\_\_\_\_

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**ORIENTATION INFORMATION (NEW MEMBERS ONLY):**

I \_\_\_\_\_ have watched the William Grace Dog Park Orientation Video \_\_\_\_\_ (date).

Signature: \_\_\_\_\_

**PAYMENT INFORMATION**

Annual membership fees are as follows:

\_\_\_\_\_ \$35 Resident

\_\_\_\_\_ \$10 replacement key fob

\_\_\_\_\_ \$10 for each additional dog up to 3 dogs

\_\_\_\_\_ \$5 replacement tag

**TOTAL FEES DUE: \$ \_\_\_\_\_**

*Make checks payable to: City of Farmington Hills (please do not mail cash)*

If paying by credit card:

VI \_\_\_ MC \_\_\_ Discover \_\_\_ AmerEx \_\_\_

# \_\_\_\_\_ Amount approved \$ \_\_\_\_\_

Expiration date \_\_\_\_/\_\_\_\_/\_\_\_\_ Signature X \_\_\_\_\_

Authorization code: \_\_\_\_\_ (3 digit code on back of card)

*To register by mail please send a copy of valid shot records for Rabies, DHLPP, & Bordetella, a copy of your Oakland County dog license and a copy of the dog owner's drivers license.*