

Barry County Veterans Memorial Dog

Access Application

Expires: December 31, 2022



Please complete and return this form to: Barry County Veterans Memorial Dog Park, 490 Powell Road, Hastings MI 49058. A current copy of all vaccinations and dog license must accompany after reviewing all dog park rules. Membership will be approved and granted on an annual calendar year basis. Please allow two (2) to three (3) days for processing after it has been delivered to the Park. Thank you!

OWNER INFORMATION

Name _____

Address _____

City/State Zip _____

Home or Cell Phone number: _____ E-mail _____

Other authorized Park users (must be 18 yrs. old) _____

Emergency Contact Name & Phone Number: _____

DOG 1 INFORMATION

Dog Name _____ Dog License # _____

Specific Breed or Mix _____

Color _____ Birth Year _____ Sex: Male ___ Female ___ Spayed/Neutered? _____

Approximate Weight of Dog: _____

Form of Identification: Collar Tag: _____ Microchip: _____

Veterinarian Name: _____ Veterinarian Phone Number: _____

Proof of Current Vaccinations (Attach veterinarian shot record; BCVMDP Staff shall initial here as proof)

Rabies _____ DHLPP _____ Bordetella _____

DOG 2 INFORMATION

Dog Name _____ Dog License # _____

Specific Breed or Mix _____

Color _____ Birth Year _____ Sex: Male ___ Female ___ Spayed/Neutered? _____

Approximate Weight of Dog: _____

Form of Identification: Collar Tag: _____ Microchip: _____

Veterinarian Name: _____ Veterinarian Phone Number: _____

Proof of Current Vaccinations (Attach veterinarian shot record; BCVMDP Staff shall initial here as proof)
Rabies _____ DHLPP _____ Bordetella _____

DOG 3 INFORMATION

Dog Name _____ Dog License # _____

Specific Breed or Mix _____

Color _____ Birth Year _____ Sex: Male ___ Female ___ Spayed/Neutered? _____

Approximate Weight of Dog: _____

Form of Identification: Collar Tag: _____ Microchip: _____

Veterinarian Name: _____ Veterinarian Phone Number: _____

Proof of Current Vaccinations (Attach veterinarian shot record; BCVMDP Staff shall initial here as proof)

Rabies _____ DHLPP _____ Bordetella _____

ACCEPTANCE OF RISK & RELEASE OF LIABILITY WAIVER:

Acceptance of the terms and conditions of this Release and adherence to the established Barry County Veterans Memorial Dog Park Rules & Regulations are the conditions for access approval, retention and renewal.

I attest that I am at least 18 years of age, that I have read, understood and agree to abide by the Rules described above. In consideration of being permitted to utilize the dog park as set forth herein, I expressly agree and acknowledge that the activities described herein contain dangers and risks and may result in injury to myself, my guests and/or my dog(s). I hereby assume all risks of personal injury, death, and property damage from any causes whatsoever arising while my dog(s) or I are participating in activity at the BCVMDP. I agree to unconditionally waive and release the Barry County Veterans Memorial Dog Park, their officers and employees, agents, Board of Director Members and all representatives and sponsors from any injury that I, any family member or my dog(s) may sustain, or any damage that may be caused to my property in connection with said activities or use of such facilities or services, including injuries sustained or property damage caused by any use of equipment from the Barry County Veterans Memorial Dog Park their officers, employee, agents, servants or sponsors.

Signature: _____ Today's Date: _____
Dog Owner Signature