



SaddleBrooke Dog Park

Temporary Membership Form

Name (s) _____

SaddleBrooke Address _____

Phone _____ Email _____

Permanent Address _____

Name of Dog & Breed _____ Rabies Expiration _____

2nd Dog & Breed _____ Rabies Expiration _____

3rd Dog & Breed _____ Rabies Expiration _____

Proof of current Rabies Vaccination is required for any membership to the park

Temporary Membership is \$15 per month. You will be given a code for park entrance.

Date of requested membership _____ to _____
Date Date

Total Due _____ (You code will not work after the above date)

I agree to membership as written in the SaddleBrooke Dog Park Bylaws. I understand that the small dog park area is restricted to dogs that are 30 pounds or less. I have read the Dog Park rules and etiquette documents on the web site. I understand that membership requires full compliance of rules and etiquette, as written. I understand that the access code is for my use only and may not be shared with others. The Board of Directors reserves the right to revoke my membership for non-compliance to the rules and Bylaws.

I agree that I am responsible for the conduct of my dog (s) while in the park. ***I also agree to pick-up after my dog while in the park.*** I understand that all activity in the park is "***at your own risk***" and the members and the Board of Directors of the **SaddleBrooke Dog Park Association** will be held harmless for pet injury, injury to any person (s) or the loss of property.

Signature _____ Date _____

Thank You!!!