

## SNOQUALMIE RIVER OFF LEASH PARK

Member Name: \_\_\_\_\_ Email: \_\_\_\_\_

Member Name: \_\_\_\_\_ Email: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Other: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_

### Vehicle (s)

1. Make & Model: \_\_\_\_\_ License: \_\_\_\_\_

2. Make & Model: \_\_\_\_\_ License: \_\_\_\_\_

### **DOG INFORMATION**

#### **Owners must provide a copy of vaccination records**

Dogs name: \_\_\_\_\_

Breed: \_\_\_\_\_ Sex: M \_\_\_\_\_ F \_\_\_\_\_

Age: \_\_\_\_\_ Weight: \_\_\_\_\_ Spayed: \_\_\_\_\_ Neutered(required) \_\_\_\_\_

Veterinarian: \_\_\_\_\_ Phone

#: \_\_\_\_\_

RABIES: date \_\_\_\_\_ DHLPP: date \_\_\_\_\_ BORDATELLA:

date \_\_\_\_\_

Dogs name: \_\_\_\_\_

Breed: \_\_\_\_\_ Sex: M \_\_\_\_\_ F \_\_\_\_\_

Age: \_\_\_\_\_ Weight: \_\_\_\_\_ Spayed: \_\_\_\_\_ Neutered(required) \_\_\_\_\_

Veterinarian: \_\_\_\_\_ Phone

#: \_\_\_\_\_

RABIES: date \_\_\_\_\_ DHLPP: date \_\_\_\_\_ BORDATELLA:

date \_\_\_\_\_

Dogs name: \_\_\_\_\_

Breed: \_\_\_\_\_ Sex: M \_\_\_\_\_ F \_\_\_\_\_

Age: \_\_\_\_\_ Weight: \_\_\_\_\_ Spayed: \_\_\_\_\_ Neutered(required) \_\_\_\_\_

Veterinarian: \_\_\_\_\_ Phone

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RABIES: date \_\_\_\_\_ DHLPP: date \_\_\_\_\_ BORDATELLA:

date \_\_\_\_\_