



DAHA DOG PARK



ENROLLMENT APPLICATION

Today's Date: [Date]			
MEMBER/OWNER INFORMATION			
Last name:		First name:	Spouse's name:
Address:			
Badge number:	Home phone no.:		Mobile phone no.:
DAHA Membership:	Regular	Associate	Affiliate
	Email:		
PET INFORMATION (UP TO 2 ALLOWED)			
Name:	Age/Birth date:	Breed:	Male or Female?
1:	1:	1:	1:
2:	2:	2:	2:
****Females in heat are not permitted in the enclosure****			
Current membership at AKC?	<input type="radio"/> Yes <input type="radio"/> No	Vaccinations are up to date?	<input type="radio"/> Yes <input type="radio"/> No
	Attach vaccination records to application		
AKC membership must remain current to use enclosure	*Vaccinations must remain current to use enclosure*	Expire Date:	Has your dog ever exhibited aggressive behavior toward other dogs or people?
			<input type="radio"/> Yes <input type="radio"/> No
RULES AND REGULATIONS			
<p>DAHA approved dogs wearing DAHA ID tags only inside of the enclosure</p> <p>Dogs must remain leashed when not inside the enclosure</p> <p>Use of dog enclosure is at your own risk</p> <p>Never leave your dog unattended</p> <p>No more than 2 dogs per owner</p> <p>Only the registered member(s) on this form can bring dogs in to the enclosure</p> <p>Owners must clean up after their dogs immediately</p> <p>Dogs and/or owners violating the rules or regulations will be asked to leave and may not be allowed to return</p> <p>Children under 12 years of age must be accompanied by an adult at all times</p> <p>NO Aggressive dogs** NO Sick dogs** NO dogs in heat</p> <p>NO Human and/or dog food or treats</p> <p>NO Glass containers**NO Smoking</p>			
WAIVER			
<p>I have read, understand, and promise to abide by the rules and regulations stated above at all times. I understand that the use of the dog enclosure is at my own risk. I agree that I am legally and financially responsible for my dog and any injuries he or she may cause or incur. I agree that I am legally and financially responsible for myself and my dependents and any injuries I/we may incur. I agree for myself and my dependents that we will make no claims against DAHA, DAHA's board of directors, DAHA's staff, or the Saudi Aramco Oil Company for any losses, expenses, injuries, or damages to ourselves or our property as a result of our utilization of the dog enclosure.</p>			
Member signature			Date

ADMIN USE ONLY

Form received by: _____ Date: _____ Fee paid: _____ Dog tag issued: _____