



St. Peters Rotary Club Dog Park Membership Application



370 Lakeside Park
1000 Lakeside Park Drive, St. Peters Missouri

OWNER'S INFORMATION

Name		
Mailing Address		
City / State / Zip		
Email Address		
Phone	(primary)	(secondary)

VETERINARIAN'S INFORMATION

Name	
Address	
Phone	

PET INFORMATION

Dog Information	#1	#2	#3
Name			
Age			
Weight			
Breed			
Color			
Check appropriate box	<input type="checkbox"/> Spayed <input type="checkbox"/> Neutered	<input type="checkbox"/> Spayed <input type="checkbox"/> Neutered	<input type="checkbox"/> Spayed <input type="checkbox"/> Neutered
Rabies Registration	Tag #	Tag #	Tag #
	State	State	State
Expiration of current rabies vaccination?			

I hereby acknowledge and agree to the rules of membership for the St. Peters Rotary Club Dog Park, and understand that violation of the rules may result in revocation of my membership. I further agree to protect, indemnify, defend and hold the City of St. Peters harmless from any claims, suits or other actions caused by use of this facility.

Dog Owner's Signature

Date

***WHEN COMPLETED, PLEASE BRING APPLICATION TO CHECK-IN STATION @ 370 LAKESIDE PARK**

BACK SIDE TO BE COMPLETED BY STAFF

COMPLETED BY STAFF			
Type of Membership	<input type="checkbox"/> New	<input type="checkbox"/> Replacement (\$3)	<input type="checkbox"/> Renewal
Fees	Circle all fees that apply		
	1 st Dog	2 nd Dog	3 rd Dog
Resident	\$ 25	\$ 10	\$ 10
Resident Senior (62+)	\$ 25	\$ 0	\$ 10
Non-Resident	\$ 50	\$ 15	\$ 15
Total Amount Due	\$	Cash Visa M/C Discover <small>(Circle One)</small>	

Animal Control Approval	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Remarks:		
Officer _____	Date _____	

Notification of Approval/Denial	_____ Employee	_____ Date	
Membership Issued	_____ Employee	_____ Date	
	Dog 1	Dog 2	Dog 3
Tag # Issued	# _____	# _____	# _____
Photo File Name	_____	_____	_____

Office use only

RPC #: _____

Employee: _____