



City of Wyandotte Dog Park Registration

Dog Owner's Name(s): _____

Address: _____ City: _____ Zip: _____

Primary Phone: (____) _____ Cell Phone: (____) _____ Work Phone: (____) _____

Email Address: _____

Dog's Name: _____ Dog's Breed: _____ Dog's Sex: _____

Description of Dog (color, markings, weight): _____

Is the Dog Spayed or Neutered: _____ Dog's Age: _____

Dog License #: _____ Date of Expiration: _____ Issued By (city): _____

Rabies Vaccination Date: _____ Date of Expiration: _____

Bordetella Vaccination Date: _____ Date of Expiration: _____

Distemper Vaccination Date: _____ Date of Expiration: _____

Does the dog behave well amongst other people (including children)? _____

Does the dog behave well with other dogs? _____

Has the dog ever bitten or attacked a person or animal? If yes, please explain: _____

Registration Fees: \$25 for Residents \$10 for an additional dog

Dogs MUST be licensed and vaccinated. Proof of vaccinations when registering is required.

I have received and read the rules of the Dog Park _____

Owner's Signature