

2017 Membership Dues - \$30

If you have any questions, email SCCDOGOWNERSGROUP@GMAIL.COM

Please Print Clearly and Complete All Items (**Forms Submitted Without SCC/KP/FP ID# or Proof of Rabies Shots will not be accepted**):
 (Note that only the Owner's and Dog's Name(s) will appear on the D.O.G. Club website)

Owner:

Name _____ SCC/KP/FP ID# _____ Address _____
 Primary Phone _____ Secondary Phone _____ Email Address _____

Co-Owner:

Name _____ SCC/KP/FP ID# _____ Address _____
 Primary Phone _____ Secondary Phone _____ Email Address _____

1st Dog:

Name _____ Breed _____ Age _____ Sex _____ Spayed/Neutered? Yes No

Veterinary Clinic _____
 Has this dog ever shown aggressive tendencies toward people or other dogs? No Yes (If Yes, please describe on reverse)
 Has this dog ever bitten a person or another dog? No Yes (If Yes, please describe on reverse)

2nd Dog:

Name _____ Breed _____ Age _____ Sex _____ Spayed/Neutered? Yes No

Veterinary Clinic _____
 Has this dog ever shown aggressive tendencies toward people or other dogs? No Yes (If Yes, please describe on reverse)
 Has this dog ever bitten a person or another dog? No Yes (If Yes, please describe on reverse)

3rd Dog:

Name _____ Breed _____ Age _____ Sex _____ Spayed/Neutered? Yes No

Veterinary Clinic _____
 Has this dog ever shown aggressive tendencies toward people or other dogs? No Yes (If Yes, please describe on reverse)
 Has this dog ever bitten a person or another dog? No Yes (If Yes, please describe on reverse)

My dog(s) are wearing current rabies/license tags: Yes No (If No, please describe on reverse)

My dog(s) are not wearing current tags, but I certify that the dog(s) are current on rabies shots, and will remain current along as I/we are SCC D.O.G. Club members: Yes No N/A

I/we have read, understand, and agree to abide by all of the Rules and Regulations of the SCC D.O.G. Club. I/we understand that the SCC D.O.G. Club reserves the right to alter or amend its Rules and Regulations at any time.

Owner Signature _____ Date _____

Co-Owner Signature _____ Date _____

CHECK TO MAKE SURE YOU'VE INCLUDED EVERYTHING

- _____ Is the Application Form completed & signed?
- _____ ***Is a Copy of Proof of Latest Rabies Shot for each dog included?***
- _____ Is the number from your SCC, KP, or FP badge filled in?
- _____ Is a Check for \$30 payable to "Sun City Center Dog Owners Group" enclosed?
- _____ Is a "Self Addressed Stamped Envelope (SASE) included so your dog tags can be sent to you?"
- _____ ***Mail everything above to "SCC Dog Owners Group, PO Box 5234, Sun City Center, FL 33571-5234***

FOR D.O.G. CLUB USE ONLY

Paid _____ Cash/Check # _____
 Rec'd by _____ Date _____
 Tag(s) _____
 Date _____ By Whom _____