

SCC D.O.G. Membership Application - 2024

Renewal Membership:\_\_\_\_\_ New Membership \_\_\_\_\_

Fill in Membership Form.....please clearly PRINT all applicable/required information.

- SCC CA requires you MUST PROVIDE PROOF OF RABIES VACCINE FOR EACH DOG listed. Include a copy of the latest vaccination info from your vet or Hillsborough Co. SCC CA requires you PROVIDE YOUR SCC, KINGS POINT, ASTON GARDENS OR FREEDOM PLAZA ID#. Include \$35 check made out to: DOG Owners Group, (\$30, if paid by 12/31/23) Include a self-addressed, stamped envelope. The dog tag(s) will be mailed back to you in this envelope. The dog(s) MUST wear the tag(s) when in the dog park. Mail the application, check, proof of rabies vaccine & self-addressed, stamped envelope to: SCC Dog Owners Group, PO Box 5234, Sun City Center, FL, 33571

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OWNER INFORMATION

Household Name(s) \_\_\_\_\_ First Name(s):\_\_\_\_\_

SCC/KP/FPID#:\_\_\_\_\_ Cell#\_\_\_\_\_

HomeAddress \_\_\_\_\_ SCC 33573 E-MAIL \_\_\_\_\_

DOG INFORMATION

Name \_\_\_\_\_ Breed \_\_\_\_\_ Age \_\_\_\_\_

Sex M F Neutered/Spayed Y N Chipped Y N

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Sex M F Neutered/Spayed Y N Chipped Y N

Vet/Clinic's Name: \_\_\_\_\_ Phone \_\_\_\_\_

Has your dog(s) shown aggressive behavior toward people and/or other dogs or has your dog(s) ever bitten a person/dog? NO \_\_\_\_\_ YES \_\_\_\_\_

If yes, please describe the circumstances on the reverse side of this application.

I/we have read, understand, and AGREE to the Rules and Regulations of the SCC D.O.G. Club which are posted at the park and on SCCDog.org. I/we understand that the SCC D.O.G. Club reserves the right to alter or amend its Rules and Regulations at any time. See attached rules and regs.

Owner/s Signature \_\_\_\_\_ Date \_\_\_\_\_

For D.O.G. Club use only:

Paid \_\_\_\_\_ Check# \_\_\_\_\_

Rec'dBy \_\_\_\_\_ Date \_\_\_\_\_

Tag(s) \_\_\_\_\_ Date Mailed \_\_\_\_\_