

LIMITED ACCESS TO SCC DOG PARK APPLICATION

Per requirements of the SCC-CA for those who opt out of paying to support the upkeep of the DOG park, please limit your visits to this park to before 8am and after 6pm only

- Fill in SCC Park applicationplease 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. All dogs must be neutered/fixe
- SCC CA requires you **MUST PROVIDE YOUR Sun City Center Id# from your SCC ID badge.**
- 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, proof of rabies vaccine & stamped self-addressed envelope to: **SCC Dog Owners Group, PO Box 5234, Sun City Center, FL, 33571**

Household Name(s) _____ First Name(s): _____

SCC ID#: _____ Primary Phone#: _____

Street Address: _____, SCC, FL 33573

E-MAIL _____

Vet/Clinic's Name: _____

1 . dog Name _____ Breed _____ Weight: _____

Sex: M / F Neutered/spayed..... Y / N Chipped?.....Y / N

2. Dog Name _____ Breed _____ Weight: _____

Sex: M / F Neutered/spayed..... Y \ N Chipped?.....Y / N

3 . dog Name _____ Breed _____ Weight: _____

Sex: M / F Neutered/spayed..... Y/ N Chipped?.....Y / N

Has your dog(s) shown aggressive behavior toward people and/or other dogs or has your dog(s) ever bitten a person/dog? Yes___ No____. 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 CA and 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.

Owner(s) Signature: _____ Date _____

For Club Use only: Rec'd Date _____ # Tags sent: _____ (revised 10-3-22)