

SCC D.O.G. Membership Application - 2023

Renewal Membership: Yes New Membership: Yes

Park hrs for D.O.G Club members: sunrise to sunset

- 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 **MUST PROVIDE YOUR SCC, KINGS POINT OR FREEDOM PLAZA ID#.**
- Include \$30 check** made out to: DOG Owners Group, **renewals DUE BY 12/31/22**
- 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

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

SCC/KP/FP ID#: _____ Phone#: _____

HomeAddress _____ E-MAIL _____

Vet/Clinic's Name: _____

Dog Information

1 . Name _____ Breed _____ Age _____ Sex: M F
neutered/spayed Y N Chipped Y N

2. Name _____ Breed _____ Age _____ Sex: M F
neutered/spayed Y N Chipped Y N

3 . Name _____ Breed _____ Age _____ 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 of 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.

Owner(s) Signature: _____

Date: _____

For D.O.G. club use only

Paid _____ check # _____

RCVD by _____ date _____

Tag(s) _____ Date Mailed _____