(Check one - Unlimited use or Limited Use) D.O.G. APPLICATION 2026 UNLIMITED DAWN TO DUSK - \$35 PER HOUSEHOLD D.O.G. APPLICATION 2026 LIMITED USE BEFORE 8AM & AFTER 6 PM - NO FEE ☐ Fill in Form.....please clearly PRINT all applicable/required information. □ SCCCA 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. □ SCCCA requires you MUST PROVIDE YOUR SCC, KP, ASTON GARDENS OR FP ID# ☐ 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) while in the dog park. ☐ Mail the application, proof of rabies vaccine & self -addressed, stamped envelope to: SCC Dog Owners Group, PO Box 5234, Sun City Center, FL, 33571 Include \$35 check for full access unlimited dawn to dusk application. Household Name(s) First Name(s): Circle one: SCC/KP/FP/AG ID#: \_\_\_\_\_\_ Cell#:\_\_\_\_\_ Home Address\_\_\_\_\_ E-MAIL (one only)\_\_\_\_\_ **Dog Information (3 dog limit)** 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 Vet Information: Doctor:\_\_\_\_\_Phone:\_\_\_\_ 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. \*\* Is your dog a rescue? yes/no Adoption date\_\_\_\_\_\_ DO NOT apply for Club membership until you have owned your dog for at least 3 months. 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. I/We agree to hold harmless the officers of the D.O.G. of any liability or incident on the CA property of the Dog Club. Owner(s) Signature: \_\_\_\_\_ Date Signed: \_\_\_\_ For D.O.G. club use only Date Paid\_\_\_\_\_\_ check #\_\_\_\_ RCVD by\_\_\_\_\_ Number of Tag(s)\_\_\_\_\_Date Mailed\_\_\_\_\_