

D.O.G. APPLICATION 2025 UNLIMITED DAWN TO DUSK - \$35 PER HOUSEHOLD

D.O.G. APPLICATION 2025 LIMITED USE BEFORE 8AM & AFTER 6 PM - NO FEE

- Fill in 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, 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) when 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 check for full access unlimited dawn to dusk application, of \$35.00**

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

Circle one: SCC/KP/FP/AG ID#: \_\_\_\_\_

Cell#: \_\_\_\_\_

Home Address \_\_\_\_\_ E- \_\_\_\_\_

MAIL \_\_\_\_\_

Sun City Center, FL 33573

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.**

*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. 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 \_\_\_\_\_