

BCBP RENEWAL APPLICATION DAY & WEEK PASS



671 Loretto Rd
Bardstown, KY 40004
www.bourboncitybarkpark.c

Date: _____

Personal Information:

Name of Owner(s):		
If your information hasn't changed, please check: TO DATE <input type="checkbox"/>		ARE YOUR DOG(S) VACCINATIONS UP
Address:		
City:	State:	Zip:
Email:		
Phone (h):	Phone (c):	Phone(w):

Dog # 1 Information:

Name: _____ Age: _____ Breed: _____
 Spayed/Neutered: Y or N (Circle One)
 Rabies #: _____ Expiration Date: _____
 Check box if shot records are attached

Dog # 2 Information:

Name: _____ Age: _____ Breed: _____
 Spayed/Neutered: Y or N (Circle One)
 Rabies #: _____ Expiration Date: _____
 Check box if shot records are attached

Dog # 3 Information:

Name: _____ Age: _____ Breed: _____
 Spayed/Neutered: Y or N (Circle One)
 Rabies #: _____ Expiration Date: _____
 Check box if shot records are attached

RENEWAL CONTRACT: For Office Use Only			
Renewal:	DHPP or DA2LP-PV:	Renewal 1 Year Membership @\$50	\$
	Bordetella:	Add'l Dogs: _____ @ \$10.00 each	\$
	Rabies:	Dates: _____ Week Pass \$20	\$
		Date: _____ Day Pass \$5	
		FOB #1 Included in Fee	--No Charge--
		Add'l FOB: (\$10.00) Limit One Extra:	\$
		Replacement FOB \$10.00 each:	\$

BCBP RENEWAL APPLICATION
DAY & WEEK PASS

	6% Sales Tax:	\$
Method of Payment - Check or Cash:	Total:	\$

DUES SCHEDULE

Fees are due in January of each year
and must be paid by 1/15.