



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

Date: \_\_\_\_\_

**Personal Information:**

*Please use an additional application for more than 3 dogs*

Name of Owner(s):		
Address:		
City:	State:	Zip:
Email:		
Phone (h):	Phone (c):	Phone(w):

**Emergency Contact:**

Name:	Relationship:
Address:	
Phone(h):	Phone(c): Phone(w):

**Additional Family Members Permitted Access** *(must be at least 16 years of age and completed orientation):*

1)	DOB:	2)	DOB:
3)	DOB:	4)	DOB:

Dog #1 Information

Name:	Age:	Weight:	Date of Birth:
Breed:	Sex:	Spayed/Neutered: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Colors:	Vet:	Rabies #	Exp:
Has your dog ever shown any aggression toward other dogs?			
Has your dog ever shown any aggression toward humans?			
If you answered yes to either the above questions explain:			

Dog #2 Information

Name:	Age:	Weight:	Date of Birth:
Breed:	Sex:	Spayed/Neutered: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Colors:	Vet:	Rabies #	Exp:
Has your dog ever shown any aggression toward other dogs?			
Has your dog ever shown any aggression toward humans?			
If you answered yes to either the above questions explain:			

Dog #3 Information

Name:	Age:	Weight:	Date of Birth:
Breed:	Sex:	Spayed/Neutered: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Colors:	Vet:	Rabies #	Exp:
Has your dog ever shown any aggression toward other dogs?			
Has your dog ever shown any aggression toward humans?			
If you answered yes to either the above questions explain:			

**For Office Use Only**

Orientation: <input type="checkbox"/>	DHPP or DA2LP-PV: <input type="checkbox"/>	Application: New <input type="checkbox"/> Renew <input type="checkbox"/>	\$60.00
Application: <input type="checkbox"/> Waiver: <input type="checkbox"/>	Bordetella: <input type="checkbox"/>	Add'l Dogs: _____ @ \$10.00 each	\$
Sign-Off Form: <input type="checkbox"/>	Rabies: <input type="checkbox"/>	Dates: _____ Week Pass \$20 <input type="checkbox"/>	\$
		Date: _____ Day Pass \$5 <input type="checkbox"/>	
Tag #1:	FOB #1:	FOB #1 Included in Fee	--No Charge--
Tag #2:	FOB #2:	Add'l FOB: (\$10.00) Limit One Extra:	\$
Tag #3:		Replacement FOB \$10.00 each:	\$
Method of Payment:		<b>Total:</b>	<b>\$</b>



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Address:		
City:	State:	Zip:
Email:		
Phone (h):	Phone (c):	Phone(w):

**Emergency Contact:**

Name:	Relationship:
Address:	
Phone(h):	Phone(c): Phone(w):

Dog #1 Information

Name:	Age:	Weight:	Date of Birth:
Breed:	Sex:	Spayed/Neutered: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Colors:	Vet:	Rabies #	Exp:
Has your dog ever shown any aggression toward other dogs?			
Has your dog ever shown any aggression toward humans?			
If you answered yes to either the above questions explain:			

Dog #2 Information

Name:	Age:	Weight:	Date of Birth:
Breed:	Sex:	Spayed/Neutered: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Colors:	Vet:	Rabies #	Exp:
Has your dog ever shown any aggression toward other dogs?			
Has your dog ever shown any aggression toward humans?			
If you answered yes to either the above questions explain:			

Dog #3 Information

Name:	Age:	Weight:	Date of Birth:
Breed:	Sex:	Spayed/Neutered: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Colors:	Vet:	Rabies #	Exp:
Has your dog ever shown any aggression toward other dogs?			
Has your dog ever shown any aggression toward humans?			
If you answered yes to either the above questions explain:			

**For Office Use Only**

Application: <input type="checkbox"/> Waiver: <input type="checkbox"/>	DHPP or DA2LP-PV: <input type="checkbox"/>		
Sign-Off Form: <input type="checkbox"/>	Bordetella: <input type="checkbox"/>	Dates: _____	Week Pass \$20 <input type="checkbox"/> \$
	Rabies: <input type="checkbox"/>	Date: _____	Day Pass \$5 <input type="checkbox"/>
	<b>FOB #:</b>		FOB # Included in Fee --No Charge--
	<b>FOB Returned</b> <input type="checkbox"/>		
		<b>If FOB not returned you will be charged \$10.00 for Replacement:</b>	\$
<b>Method of Payment:</b>		<b>Total:</b>	\$