

BCBP RENEWAL APPLICATION DAY & WEEK PASS



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):		
If your information hasn't changed, please check: <input type="checkbox"/>	ARE YOUR DOG(S) VACCINATIONS UP TO DATE <input type="checkbox"/>	
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: <input type="checkbox"/>	DHPP or DA2LP-PV: <input type="checkbox"/>	Renewal 1 Year Membership @\$60	\$
	Bordetella: <input type="checkbox"/>	Add'l Dogs: _____ @ \$10.00 each	\$
	Rabies: <input type="checkbox"/>	Dates: _____ Week Pass \$20 <input type="checkbox"/>	\$
		Date: _____ Day Pass \$5 <input type="checkbox"/>	
		FOB #1 Included in Fee	--No Charge--
		Add'l FOB: (\$10.00) Limit One Extra:	\$
		Replacement FOB \$10.00 each:	\$
Method of Payment – Check or Cash:			Total: \$

DUES SCHEDULE

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