



# 2018 REGISTRATION FORM

## UPPER ALLEN TOWNSHIP DOG PARK AT DAYBREAK

**Upper Allen Township**  
100 Gettysburg Pike  
Mechanicsburg, PA 17055

Phone: 717-766-0756 Fax: 717-796-9833  
Office Hours: M-F 8:00 AM – 4:30 PM  
www.uatwp.org

**FEES (non-refundable): Resident:** (1) Dog = \$20; **Yearly registration (July 1 – June 30);** Addl. Dog \$10.

Registration includes 1 key fob. **Non-Resident:** (1) Dog = \$50; **Yearly registration (July 1 – June 30);** Addl. Dog \$10.

Registration includes 1 key fob. **Lost key fob replacement = \$10.00 \*Make Checks Payable to: Upper Allen Township**

Guardian: \_\_\_\_\_ Dog's Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: Code: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Home Phone No. \_\_\_\_\_ Work Phone No. \_\_\_\_\_ Cell Phone No. \_\_\_\_\_

Primary means of contact for emergency / incident (home ph., work ph., cell ph., email): \_\_\_\_\_

Sex of Dog: Male  Female  Check One: Spayed  Neutered  N/A

Breed: \_\_\_\_\_ Color: \_\_\_\_\_ PA Dog License No. \_\_\_\_\_

Has your dog ever bitten or attacked another dog or person? If so, please explain. \_\_\_\_\_

Veterinarian's Name, Address, & Phone No. \_\_\_\_\_

**Veterinarian's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

***Veterinarian: By signing this form, you agree that the above mentioned dog is up-to-date with the following vaccinations: DHPP or DHP/PV, Rabies, and Bordetella. All registered dogs must be spayed/neutered by age 1.***

In consideration of the acceptance of this registration at the Upper Allen Township Dog Park at Daybreak, I agree:

1. That Upper Allen Township has the right to refuse or cancel this registration at any time, for any cause which the Board of Commissioners and/or Township Management shall deem to be sufficient.
2. I agree to hold Upper Allen Township and Daybreak Church harmless from any claim or loss or injury which may be alleged to have been caused directly or indirectly to any person or thing by the act of my dog while in or upon premises or grounds near any entrance thereto, and I personally assume all responsibility and liability for any such claims, and I further agree to hold the aforementioned parties harmless from any claim for loss of this dog by disappearance, theft, death or otherwise, and from any claim for damage or injury to the dog, whether such loss, disappearance, theft, damage or injury be caused or alleged to be caused by negligence of Upper Allen Township or Daybreak Church or any other of the parties aforementioned or by the negligence of any other person, or any other cause or causes.
3. I have read and agree to the rules of the Upper Allen Township Dog Park at Daybreak.

**Guardian's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**FOR OFFICE USE**

Date Received: \_\_\_\_\_ Received by: \_\_\_\_\_ Check / Cash \$ \_\_\_\_\_

Key Fob/s #: \_\_\_\_\_