



PAWS

Pet Adoption & Welfare Society of Carteret

PAWS Bark Park Club Application

I. Dog Owner Information

Name: _____
Please list other adult family members that may bring your dog in to the park on back.

Home Phone: _____ Work Phone _____ Cell Phone: _____

Address: _____ City: _____ State/Zip _____

Email: _____

II. I have read and understand all the PAW Bark Park rules and policies: (initials) _____

III. I have read, understand, and attached a signed copy of the liability waiver: _____

IV. I have attached a completed Health Report for each dog I am registering: _____

V. Dog Information

Dog's Name	Breed	Color	Sex	Spay/Neuter REQUIRED	Age	Rabies Tag #

VI. Fee * **\$75.00 PER DOG**
EFFECTIVE 7/29/20

PAWS Bark Park Club Membership expires 1 year from date issued

Cash: _____		# Dogs _____	<i>PAWS Use Only</i>
Check _____		# Dogs _____	Checks payable to: Paws of Carteret
Total Amt: _____		Total Dogs: _____	
PAWS Bark Park Representative Signature: _____			
Date: _____		_____	