| Primary Dog Owner Name  | HERITAGE<br>PET STORE & GROOMING / PRIVATE L   | Park Waiver                |
|---|--|----------------------------|
| Email   What is your preferred method of contact?   Call   Text   Email     (s) Information and Expectations (2 Dogs Allowed Per Person)     Oog 1   Dog name   Date of Birth   Date of Birth   Breed   Colour/Markings   Gender:   Male   Female   Neutered or Spayed:   Yes   No   Ooes your dog have up-to-date vaccinations?   Yes   No   Oag name   Date of Birth   Age   Colour/Markings   Colour/Markings   Dog name   Date of Birth   Age   Og 2   Dog name   Date of Birth   Colour/Markings   Gender:   Male   Female   Neutered or Spayed:   Yes   No   Ooes your dog have up-to-date vaccinations?   Yes   No   Ooes your dog have up-to-date vaccinations?   Yes   No   Oaes your dog have up-to-date vaccinations?   Yes   No |  | •                          |
| Name(s) of other people that bring dog(s) to the park Email   |  |                            |
| Imail   What is your preferred method of contact?   Call   Text   Email     s) Information and Expectations (2 Dogs Allowed Per Person)     Dog 1   Dog name   Date of Birth   Breed   Colour/Markings   Gender:   Male   Female   Neutered or Spayed:   Yes   No   Does your dog have up-to-date vaccinations?   Yes   No   Age   Colour/Markings   Colour/Markings   Colour/Markings   Dog 2   Dog name   Date of Birth   Dog name   Colour/Markings   Bareed   Colour/Markings   Gender:   Male   Female   Neutered or Spayed:   Yes   No   Does your dog have up-to-date vaccinations?   Yes   No   Ooes your dog have up-to-date vaccinations?   Yes   No   Ooes your dog have up-to-date vaccinations?   Yes   No   Ooes your dog have up-to-date vaccinations?   Yes   No   Vaccination Proof:   Paper   Email   Text   Veterinary Information   |  |                            |
| What is your preferred method of contact? Call Text Email     (s) Information and Expectations (2 Dogs Allowed Per Person)     Dog 1   Dog name     Date of Birth     Breed     Colour/Markings     Gender:   Male   Female   No   Does your dog have up-to-date vaccinations?   Yes   No   Does your dog have up-to-date vaccinations?   Yes   No   Vaccination Date:     Date of Birth     Age     Dog 1   Dog anme     Date of Birth     Age     Date of Birth   | ame(s) of other people that bring dog(s) to tr | he park                    |
| What is your preferred method of contact? Call Text Email     (s) Information and Expectations (2 Dogs Allowed Per Person)     Dog 1   Dog name   | mail ᠺ   | )Contact Phone             |
| Breed Colour/Markings<br>Gender: Male Female Neutered or Spayed: Yes No<br>Does your dog have up-to-date vaccinations? Yes No<br>Vaccination Proof: Paper Email Text Visual<br>Rabies Vaccination Date:/<br>Dog 2<br>Dog name Date of Birth// Age<br>Breed Colour/Markings<br>Gender: Male Female Neutered or Spayed: Yes No<br>Does your dog have up-to-date vaccinations? Yes No<br>Does your dog have up-to-date vaccinations? Yes No<br>Vaccination Proof: Paper Email Text Visual<br>Rabies Vaccination Date:/<br>Veterinary Information   |  |                            |
| Dog 1         Dog name  | •••••••••••••••••••••••••••••••••••••••        |                            |
| Dog name Date of Birth Age   Breed Colour/Markings   Gender: Male Female Neutered or Spayed: Yes No   Does your dog have up-to-date vaccinations? Yes No  | s) Information and Expectations (2             | Dogs Allowed Per Person)   |
| Breed Colour/Markings<br>Gender: Male Female Neutered or Spayed: Yes No<br>Does your dog have up-to-date vaccinations? Yes No<br>Vaccination Proof: Paper Email Text Visual<br>Rabies Vaccination Date:/<br>Dog 2<br>Dog name Date of Birth// Age<br>Breed Colour/Markings<br>Gender: Male Female Neutered or Spayed: Yes No<br>Does your dog have up-to-date vaccinations? Yes No<br>Does your dog have up-to-date vaccinations? Yes No<br>Vaccination Proof: Paper Email Text Visual<br>Rabies Vaccination Date:/<br>Kuccination Proof: Paper Email Text Visual<br>Rabies Vaccination Date:/  | og 1   |                            |
| Gender: Male Female Neutered or Spayed: Yes No Does your dog have up-to-date vaccinations? Yes No Vaccination Proof: Paper Email Text Visual Rabies Vaccination Date:/ Dog 2 Dog name Date of Birth/ Age Gender: Male Female Neutered or Spayed: Yes No Does your dog have up-to-date vaccinations? Yes No Coes your dog have up-to-date vaccinations? Yes No Vaccination Proof: Paper Email Text Visual Rabies Vaccination Date:/ Veterinary Information Vet Clinic Name   | og name  | Date of Birth// Age        |
| Does your dog have up-to-date vaccinations? Yes No<br>Vaccination Proof: Paper Email Text Visual<br>Rabies Vaccination Date:/<br>Dog 2<br>Dog name Date of Birth// Age<br>Breed Colour/Markings<br>Gender: Male Female Neutered or Spayed: Yes No<br>Does your dog have up-to-date vaccinations? Yes No<br>Vaccination Proof: Paper Email Text Visual<br>Rabies Vaccination Date:/<br>Ket Clinic Name   | reed Colour                                    | <sup>-</sup> /Markings     |
| Vaccination Proof: Paper Email Text Visual<br>Rabies Vaccination Date:/<br>Dog 2<br>Dog name Date of Birth// Age<br>Breed Colour/Markings<br>Gender: Male Female Neutered or Spayed: Yes No<br>Does your dog have up-to-date vaccinations? Yes No<br>Vaccination Proof: Paper Email Text Visual<br>Rabies Vaccination Date:/<br>Veterinary Information<br>Vet Clinic Name   | ender: Male Female                             | Neutered or Spayed: Yes No |
| Rabies Vaccination Date:/   Dog 2 Dog name   Dog name   Breed   Breed Colour/Markings   Gender: Male   Female Neutered or Spayed:   Yes No   Does your dog have up-to-date vaccinations? Yes   Vaccination Proof: Paper   Email Text   Vaterinary Information   | oes your dog have up-to-date vaccinations?     | Yes No                     |
| Dog name        Date of Birth//       Age         Breed        Colour/Markings       Age         Gender:       Male       Female       Neutered or Spayed:       Yes       No         Does your dog have up-to-date vaccinations?       Yes       No         Vaccination Proof:       Paper       Email       Text       Visual         Rabies Vaccination Date:      /   | accination Proof: Paper Email                  | Text Visual                |
| Dog name Date of Birth / Age   Breed Colour/Markings   Gender: Male Female Neutered or Spayed: Yes No   Does your dog have up-to-date vaccinations? Yes No   Vaccination Proof: Paper Email Text Visual   Rabies Vaccination Date:/   Veterinary Information Vet Clinic Name  |  |                            |
| Breed Colour/Markings<br>Gender: Male Female Neutered or Spayed: Yes No<br>Does your dog have up-to-date vaccinations? Yes No<br>Vaccination Proof: Paper Email Text Visual<br>Rabies Vaccination Date://<br>Veterinary Information<br>Vet Clinic Name  | -  | Date of Birth / / Age      |
| Gender: Male Female Neutered or Spayed: Yes No Does your dog have up-to-date vaccinations? Yes No Vaccination Proof: Paper Email Text Visual Rabies Vaccination Date:// Veterinary Information Vet Clinic Name  | -  |                            |
| Does your dog have up-to-date vaccinations? Yes No<br>Vaccination Proof: Paper Email Text Visual<br>Rabies Vaccination Date://<br><u>Veterinary Information</u><br>Vet Clinic Name  |  | -                          |
| Vaccination Proof: Paper Email Text Visual<br>Rabies Vaccination Date://<br>Veterinary Information<br>Vet Clinic Name   |  |                            |
| Rabies Vaccination Date://<br>Veterinary Information Vet Clinic Name  |  |                            |
| Veterinary Information Vet Clinic Name  | ·  |                            |
| Vet Clinic Name   | ables vaccination Date///                      |                            |
|   |  | y Information              |
|   |  |                            |
| Primary Vet Name Clinic Phone Number  | Veterinar                                      |                            |
| Clinic Address  | Veterinar<br>et Clinic Name                    |                            |

- 2. **Socialization**: Dogs should be well-socialized and comfortable interacting with other dogs and people in a controlled environment.
- 3. **Obedience**: Dogs must have good recall and obey basic obedience commands such as sit and stay.

# Membership Renewal/Payment Options

**Membership Renewal:** I understand that I am purchasing an annual membership for the Leash-Free Dog Park, which will require renewal one year from the date of purchase.

### Please select which item(s) need to be purchased:

- Key Fob \$20+tx
- 1. Monthly preauthorized payment: \$10 + tax = \$11.30
- 2.One-time yearly payment: \$120 + tax 5% discount

## Park B Rental

We offer a private rental for Park B, available for exclusive use! Please select the rental option that best suits your needs and enjoy exclusive access to the park.

- 1.\$8 for 30 minutes
- 2.\$50

## **Cancellation Policy**

Cancellations require a 30-day notice. If notice is given less than 30 days before a renewal, the cancellation will take effect after the next billing cycle. Members who provide proper notice are eligible for a one-month refund, and unused credits may be carried forward for up to three months. Cancellations without a 30-day notice are not eligible for refunds. For assistance or to submit a cancellation request, please contact us directly.

#### Signature:

By signing below or by entering the park, I confirm that I have thoroughly reviewed, understood, and agreed to the rules and regulations outlined in this document. I acknowledge and accept the inherent risks involved and take full responsibility for myself, my dog(s), and any accompanying individuals, releasing Heritage Pet & Garden Inc. from any liability. I commit to adhering to these rules and regulations, fully accepting all terms, conditions, and statements contained herein, including those related to behavioral expectations for my dog(s) and membership renewal. Furthermore, I affirm the accuracy of payment provided in the application form completed by me.

| Owner Signature: | Date: / | _/  |
|------------------|---------|-----|
|                  | Dutc /  | _ / |

Representative Signature: \_\_\_\_\_

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