

EBERWEIN DOG PARK
Member Registration Form

P/636.812.9500
F/636.536.1648
E/parksandrec@chesterfield.mo.us



PLEASE PRINT

Owner's Name: _____

Address: _____ City/State: _____ Zip Code: _____

Email Address: _____

(Members will receive notifications about the Dog Park)

Home Phone: _____ Cell Phone: _____

- 1. _____
Dog's name _____ Age* _____ Breed _____

Expiration date/Rabies _____ *Titer test _____ S/N _____
- 2. _____
Dog's name _____ Age* _____ Breed _____

Expiration date/Rabies _____ *Titer test _____ S/N _____
- 3. _____
Dog's name _____ Age* _____ Breed _____

Expiration date/Rabies _____ *Titer test _____ S/N _____

**Titer Test is permissible in lieu of the records for Rabies.*

Have you registered your dog(s) before? _____

Puppies under 4 months of age are not allowed in the dog park. _____ (Initial)

I understand that all dogs must be spayed/neutered. _____ (Initial)

I have signed and I certify that the above vaccination information is accurate. _____ (Initial)

I have signed the attached Acceptance of Risk and Release of Liability Form. _____ (Initial)

FOR OFFICE USE ONLY

Amount owed-Number of Dogs _____ x \$30 per dog = _____

Total Fee: \$ _____ Check # _____ Cash _____ Credit Card _____ (MC/Visa/Disc)