



APPLICATION

The information below is to be completed for each dog you own.

Name: _____

Address: _____

Telephone Number (home): _____

Telephone Number (cell): _____

Email address: _____

Dog's Name: _____

Breed: _____

Weight and color(s): _____

Dog License #: _____ County: _____

Dog's Name: _____

Breed: _____

Weight and color(s): _____

Dog License #: _____ County: _____

	<u>1 Dog</u>	<u>Multiple Dogs</u>
Annual Maintenance Fee — Borough Resident	\$25	\$40
Annual Maintenance Fee – Non-Resident	\$40	\$70

A resident is defined by whether they pay property tax to the Borough of Pottstown, not by zip code.

***Annual Fees Checks are to be made payable to the Borough of Pottstown.

I would also like to donate:

\$50 _____ \$75 _____ \$100 _____ Other _____

All donations are tax deductible under our 501(c) (3).

Please make checks payable to "Pottstown Parks & Recreation Foundation, Inc."

Please attach information on the following page from your veterinarian.



BARKPARK

P O T T S T O W N

HEALTH RECORD

Your dog's health record information is to be completed and signed by your veterinarian.

Dog Owner's Name: _____

Street Address: _____

City, State and Zip Code: _____

Dog's Name: _____

Breed: _____

Weight: _____

Neutered or Spayed: Yes _____ No _____

Rabies Vaccine date of administration: _____

Veterinarian Signature & Date: _____

We strongly recommend Canine Parvovirus vaccination
and the Lyme Disease vaccination
as well as any other immunizations as outlined by your veterinarian.
Please attach this information to your Application.