

(Check one - Unlimited use or Limited Use)

- ☐ **D.O.G. APPLICATION 2027 UNLIMITED DAWN TO DUSK - \$35 PER HOUSEHOLD**
☐ **D.O.G. APPLICATION 2027 LIMITED USE BEFORE 8AM & AFTER 6 PM - NO FEE**

- ☐ Fill in Form.....please clearly PRINT all applicable/required information.
☐ SCCCA requires you **MUST PROVIDE PROOF OF RABIES VACCINE FOR EACH DOG Listed.** Include a copy of the latest vaccination info from your vet or Hillsborough Co.
☐ SCCCA requires you **MUST PROVIDE YOUR SCC, KP, ASTON GARDENS OR FP ID#**
☐ **INCLUDE A SELF-ADDRESSED STAMPED ENVELOPE.** The dog tag(s) will be mailed back to you in this envelope. The dog(s) **MUST** wear the tag(s) while in the dog park.
☐ Mail the application, proof of rabies vaccine & self-addressed, stamped envelope to:
SCC Dog Owners Group, PO Box 5234, Sun City Center, FL, 33571
Include \$35 check for full access unlimited dawn to dusk application.

Household Name(s) _____ First Name(s): _____

Circle one: SCC/KP/FP/AG ID#: _____ Cell#: _____

Home Address _____

E-MAIL (one only) _____

Dog Information (3 dog limit)

1. Name _____ Breed _____ Age _____ Sex: M F
neutered/spayed Y N Chipped Y N

2. Name _____ Breed _____ Age _____ Sex: M F
neutered/spayed Y N Chipped Y N

3. Name _____ Breed _____ Age _____ Sex: M F
neutered/spayed Y N Chipped Y N

Vet Information: Doctor _____ Phone _____

Has your dog(s) shown aggressive behavior toward people and/or other dogs or has your dog(s) ever bitten a person/dog? Yes _____ No _____ If yes, please describe the circumstances on the reverse side of this application. *****Is your dog a rescue? yes/no***
Adoption date _____ DO NOT apply for Club membership until you have owned your dog for at least 3 months.

I/we have read, understand, and AGREE to the Rules and Regulations of the SCC D.O.G. Club which are posted at the park and on SCCDog.org. I/we understand that the SCC D.O.G. Club reserves the right to alter or amend its Rules and Regulations at any time. I/We agree to hold harmless the officers of the D.O.G. of any liability or incident on the CA property of the Dog Club.

Owner(s) Signature: _____

Date Signed: _____

For D.O.G. club use only. Date Paid _____ check # _____ RCVD by _____ Number of Tag(s) _____ Date Mailed _____

