



Tri-Township Park District
410 Wickliffe St.
Troy, IL. 62294
618.667.6887
www.tritownshippark.org

DOG PARK APPLICATION

Please submit all forms to main office:

410 Wickliffe St.
Troy, IL. 62294

DOG OWNER INFORMATION

Office use ID Tag #1 Last Name: _____ First Name: _____

Address: _____ City: _____ Zip: _____

ID Tag #2 Email: _____ Phone # _____

ID Tag #3 DOG(S) INFORMATION

Dog name #1: _____ Color of dog: _____

Breed: _____ Sex (circle) M F DOB _____ Weight _____

Micro chipped: (circle) Y N Spayed or Neutered: (circle) Y N

Date of last vaccinations: _____ Renewal date: _____

Name of Veterinarian or Animal Clinic: _____

Dog name #2: _____ Color of dog: _____

Breed: _____ Sex (circle) M F DOB _____ Weight _____

Micro chipped: (circle) Y N Spayed or Neutered: (circle) Y N

Date of last vaccinations: _____ Renewal date: _____

Name of Veterinarian or Animal Clinic: _____

Dog name #3: _____ Color of dog: _____

Breed: _____ Sex (circle) M F DOB _____ Weight _____

Micro chipped: (circle) Y N Spayed or Neutered: (circle) Y N

Date of last vaccinations: _____ Renewal date: _____

Name of Veterinarian or Animal Clinic: _____

* Copy of current vaccinations