



Membership for Connections Park

1316 South Blvd W
Davenport, FL 33837
(863) 421-0556

Owner Information

Name		
Address		
City	State	Zip
Phone	Email	

Dog Information

Name	Breed	Weight	<input type="checkbox"/> Spayed
Color	Birthdate	Age	<input type="checkbox"/> Neutered

Vaccination Affirmation

I understand that my dog(s) must be free from infectious disease and current on all appropriate vaccines. By signing this form, I am affirming that all dog(s) with me are disease free and vaccinated.

Sign _____ Date _____

Photo Release

I understand that promotional photos may be taken during the time that I am visiting Connections Park.

_____ I do give permission to use images of my dog(s)

_____ I do not give permission to use images of my dog(s)

Sign _____ Date _____