





NASSAU HUMANE SOCIETY  
DOG PARK

Owner: \_\_\_\_\_

**NHS DOG PARK OWNERSHIP(S) APPLICATION**

**Dog #2**

Dog's Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Sex: \_\_\_\_ Age : \_\_\_\_

Description (color/markings) \_\_\_\_\_

Has this dog been spayed or neutered?	Yes	No
Has this dog ever shown aggressive tendencies toward people?	Yes	No
Has this dog ever shown aggressive tendencies toward other dog(s)?	Yes	No
Has this dog ever bitten a person or another dog(s)?	Yes	No
Has this dog had any kind of attack training?	Yes	No
Anything else we should know about your dog?		

Staff to Complete: Dog #2 Vaccination Records Filed: \_\_\_\_\_ Renewal Date: \_\_\_\_\_ By: \_\_\_\_\_

**Dog #3**

Dog's Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Sex: \_\_\_\_ Age : \_\_\_\_

Description (color/markings) \_\_\_\_\_

Has this dog been spayed or neutered?	Yes	No
Has this dog ever shown aggressive tendencies toward people?	Yes	No
Has this dog ever shown aggressive tendencies toward other dog(s)?	Yes	No
Has this dog ever bitten a person or another dog(s)?	Yes	No
Has this dog had any kind of attack training?	Yes	No

Anything else we should know about your dog?

Staff to Complete: Dog #3 Vaccination Records Filed: \_\_\_\_\_ Renewal Date: \_\_\_\_\_ By: \_\_\_\_\_



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I have received a copy of the following and have read, understand, and agree to abide by all of the **Nassau Humane Society Dog Park Rules and Regulations, Ownership Contract and the Indemnity Agreement, Release and Waiver of Liability and Assumption of Risk.** I understand that the NHS Dog Park management reserves the right to alter or amend its rules and regulations at any time for any reason with or without notice. I intend for this release to be binding upon my heirs, beneficiaries, next of kin, personal representative or executor and assignees.

Owner Name Printed \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Co-Owner Name Printed \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Witnessed by printed \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Staff Member