(Check one - Unlimited use or Limited Use)

☐ **D.O.G. APPLICATION 2025 UNLIMITED DAWN TO DUSK - $35 PER HOUSEHOLD**

☐ **D.O.G. APPLICATION 2025 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_____