



Off-leash Park Membership Registration & Application

*Please send completed forms and vaccination records to registration@barkyard.com. Once our staff has reviewed your application we will reach out with further instructions for your first visit!

Primary Member (Must be 18+ years of age)

First Name		Last Name	
Phone Number	Email Address		Date of Birth
Address			
City & State			Zip Code

Additional Member from Household (Must be 18+ years of age)

First Name		Last Name	
Phone Number	Email Address		Date of Birth
Address			
City & State			Zip Code

First Dog Information

Dog Name	Primary Breed	Secondary Breed (if applicable)
Male/Female	Spayed/Neutered/Intact	Date of Birth (Estimate if unsure)
Veterinarian Name/Clinic		Veterinarian Phone Number
Address		
City & State		Zip Code



Second Dog Information (If applicable)

Dog Name	Primary Breed	Secondary Breed (if applicable)
Male/Female	Spayed/Neutered/Intact	Date of Birth (Estimate if unsure)
Veterinarian Name/Clinic		Veterinarian Phone Number
Address		
City & State		Zip Code

Third Dog Information (If applicable)

*Attach pages for additional dogs beyond 3. Please note, only 3 dogs per member allowed on one visit

Dog Name	Primary Breed	Secondary Breed (if applicable)
Male/Female	Spayed/Neutered/Intact	Date of Birth (Estimate if unsure)
Veterinarian Name/Clinic		Veterinarian Phone Number
Address		
City & State		Zip Code

Bark Yard must have a copy of your dog's current vaccination records on file prior to park entry. A copy of these records should be sent to registration@barkyard.com or brought on your first visit.

Is your dog current on the following vaccinations?

Rabies (Y/N)	Parvo/Distemper (Y/N)	Bordetella (Y/N)
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Have your dogs been socialized to play in a group setting with other off-leash dogs? Y/N

If yes, please explain circumstances:

Have your dogs ever displayed aggressive or vicious behavior towards humans or other dogs, including bites, scratches, and attacks? Y/N

If yes, please explain circumstances:

Have your dogs ever been declared “restricted” or “vicious” by Animal Control? Y/N

If yes, please explain circumstances:

I certify that all information, including dog breed and behavior history, provided as part of this application is true and correct.

I verify that my dog is current on Rabies, Bordetella, and Parvo/Distemper vaccinations.

I have read and understand all park rules and regulations.

I understand that I must submit a copy of my dog’s current vaccination records either electronically or in person prior to my first visit to the park.

I understand that membership to Bark Yard off-leash dog park has not been granted until management has reviewed and approved my application.

Applicant Signature	Name	Date
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