



Kansas City Area's Premier Pet Adoption Center

## Wayside Waifs Bark Park Registration Form

### Owner Information

Circle one: Monthly Pass      Yearly Pass  
Date: \_\_\_\_\_ Bark Park ID# \_\_\_\_\_  
Owner's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
List other members in household who may accompany you to the park: \_\_\_\_\_  
\_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Relation: \_\_\_\_\_  
Emergency Contact Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

### Animal Information

#### Dog 1

Name: \_\_\_\_\_ Breed: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Color: \_\_\_\_\_  
Gender: Neutered Male  Male  Spayed Female  Female   
Animal Hospital Used: \_\_\_\_\_  
Veterinarian: \_\_\_\_\_ Phone: \_\_\_\_\_

#### Vaccination History:

Check and give date of the vaccines your dog has received:

- RV (Rabies) **REQUIRED** \_\_\_\_\_ Tag # \_\_\_\_\_  
 DHLPP-C (Distemper) (**recommended**) \_\_\_\_\_  
 Bordetella (**recommended**) \_\_\_\_\_

Does this dog have any medical problems we should be aware of?  no  yes, please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has this dog received any obedience or special training?  no  yes, please describe \_\_\_\_\_  
\_\_\_\_\_

**Dog 2**

Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Color: \_\_\_\_\_

Gender: Neutered Male  Male  Spayed Female  Female

Animal Hospital Used: \_\_\_\_\_

Veterinarian: \_\_\_\_\_ Phone: \_\_\_\_\_

**Vaccination History:**

Check and give date of the vaccines your dog has received:

RV (Rabies) **REQUIRED** \_\_\_\_\_ Tag # \_\_\_\_\_

DHLPP-C (Distemper) (**recommended**) \_\_\_\_\_

Bordetella (**recommended**) \_\_\_\_\_

Does this dog have any medical problems we should be aware of?  no  yes, please explain \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has this dog received any obedience or special training?  no  yes, please describe \_\_\_\_\_

\_\_\_\_\_

**Dog 3**

Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Color: \_\_\_\_\_

Gender: Neutered Male  Male  Spayed Female  Female

Animal Hospital Used: \_\_\_\_\_

Veterinarian: \_\_\_\_\_ Phone: \_\_\_\_\_

**Vaccination History:**

Check and give date of the vaccines your dog has received:

RV (Rabies) **REQUIRED** \_\_\_\_\_ Tag # \_\_\_\_\_

DHLPP-C (Distemper) (**recommended**) \_\_\_\_\_

Bordetella (**recommended**) \_\_\_\_\_

Does this dog have any medical problems we should be aware of?  no  yes, please explain \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has this dog received any obedience or special training?  no  yes, please describe \_\_\_\_\_

\_\_\_\_\_

How did you hear about Wayside's Bark Park? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Would you be interested in knowing more about becoming a volunteer at Wayside?

yes  no

Would you be interested in hearing about our special events throughout the year?

yes  no