



Incorporated Village of Valley Stream  
 123 S. Central Avenue • Valley Stream NY 11580  
 Tel: 516-592-5114 **Village Hall**

## Dog Park Registration Form

*(Please print all information)*

Date \_\_\_\_\_ Email \_\_\_\_\_ Tag # \_\_\_\_\_

\_\_\_\_\_ Dog Owner's Name \_\_\_\_\_ Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone Number \_\_\_\_\_

**1. Residency Requirements:** *(check one)* Incorporated Village of Valley Stream \_\_\_\_\_ Central High School District#1 \_\_\_\_\_ T.O.H \_\_\_\_\_

**2. Proof of Residency:** \_\_\_\_\_  
 New York State Driver's License ID# \_\_\_\_\_ Utility Bill (LIPA / National Grid (Confirm Street Address) \_\_\_\_\_

### 3. Dog Information: Dog #1

Dog's Name: \_\_\_\_\_ Dog's Weight: \_\_\_\_\_ Dog's Breed: \_\_\_\_\_ Dog's Color: \_\_\_\_\_

Dog's License # Valley Stream \_\_\_\_\_ TOH License #/Exp Date: \_\_\_\_\_

Dog's Current Rabies Tag #: \_\_\_\_\_ Name of Veterinary Clinic: \_\_\_\_\_ Name of Veterinarian: \_\_\_\_\_

Veterinarian's Phone #: \_\_\_\_\_ Microchip # *(if applicable)*: \_\_\_\_\_ Date of Vaccines: \*Rabies \_\_\_\_\_ 1 or 3 years

\*Distemper/Parvo (DHPP): \_\_\_\_\_ \*Leptospirosis: \_\_\_\_\_ \*Bordetella Vaccine: \_\_\_\_\_

**Dog #2:** Dog's Name: \_\_\_\_\_ Dog's Weight: \_\_\_\_\_ Dog's Breed: \_\_\_\_\_ Dog's Color: \_\_\_\_\_

Dog's License # \_\_\_\_\_ Dog's Town of Hempstead License #/  
 Valley Stream \_\_\_\_\_ Exp Date: \_\_\_\_\_

Dog's Current Rabies Tag #: \_\_\_\_\_ Name of Veterinary Clinic: \_\_\_\_\_ Name of Veterinarian: \_\_\_\_\_

Veterinarian's Phone #: \_\_\_\_\_ Microchip # *(if applicable)*: \_\_\_\_\_ Date of Vaccines: \*Rabies \_\_\_\_\_ 1 or 3 years

\*Distemper/Parvo (DHPP): \_\_\_\_\_ \*Leptospirosis: \_\_\_\_\_ \*Bordetella Vaccine: \_\_\_\_\_

It is recommended that all Dog(s) entering the Dog Park remain on Flea, Tick, and Heart Worm prevention and are Vaccinated against Lymes Disease.

I am the owner of this/these dog(s) and I have read all the Rules and Regulations and I will abide by them.

Signature of Dog Owner: \_\_\_\_\_ **Membership:** Paid by Cash/Check

Inc. Village of Valley Stream Resident: \$18.00 \_\_\_\_\_ Central High School District #1 Resident: \$55.00 T.O.H: \$110.00 \_\_\_\_\_

\*Required Vaccinations - A copy of Rabies certificate and all required vaccinations must be provided and attached to this form.