



City of Farmington Hills

William Grace Dog Park Application

Expires January 31, 2025



Please complete and return this form to: The Hawk Community Center, 29995 W Twelve Mile Rd, Farmington Hills, MI 48334. A current copy of all vaccinations and dog license must be included with this application and you must attend a one-time dog park orientation class. Vaccinations must be issued by a Licensed Veterinarian.

OWNERS INFORMATION

Name _____

Address _____

City/State/Zip _____

Home Phone _____ Daytime Phone _____

E-mail _____ *(e-mail will be used to send out park updates)*

Other authorized users (must be 18 yrs old) _____

Fob # _____ **(OFFICE USE)**

DOG INFORMATION: DOG 1

TAG # _____ **(OFFICE USE)**

Dogs Name _____ Dog License # _____

Specific Breed or Mix _____

Color _____ Birth Year _____ Sex _____ Male _____ Female _____ Fixed

Vaccination Expiration Dates:

Rabies _____ DHLPP _____ Bordatella _____

DOG INFORMATION: DOG 2

TAG # _____ **(OFFICE USE)**

Dogs Name _____ Dog License # _____

Specific Breed or Mix _____

Color _____ Birth Year _____ Sex _____ Male _____ Female _____ Fixed

Vaccination Expiration Dates:

Rabies _____ DHLPP _____ Bordatella _____

DOG INFORMATION: DOG 3

TAG # _____ **(OFFICE USE)**

Dogs Name _____ Dog License # _____

Specific Breed or Mix _____

Color _____ Birth Year _____ Sex _____ Male _____ Female _____ Fixed

Vaccination Expiration Dates:

Rabies _____ DHLPP _____ Bordatella _____

OVER...

ORIENTATION INFORMATION (NEW MEMBERS ONLY):

I _____ have watched the William Grace Dog Park Orientation Video _____ (date).

Signature: _____

PAYMENT INFORMATION

Annual membership fees are as follows:

_____ \$35 Resident _____ \$70 Non-Resident _____ \$10 replacement key fob
_____ \$10 for each additional dog up to 3 dogs _____ \$5 replacement tag

TOTAL FEES DUE: \$ _____

Make checks payable to: City of Farmington Hills (please do not mail cash)

If paying by credit card:

VI ___ MC ___ Discover ___ AmerEx ___

_____ Amount approved \$ _____

Expiration date ____/____/____ Signature X _____

Authorization code: _____ (3 digit code on back of card)

To register by mail please send a copy of valid shot records for Rabies, DHLPP, & Bordetella, a copy of your Oakland County dog license and a copy of the dog owner's drivers license.