

# Forest Park Southeast Dog Park Membership Application



**For membership, please submit:**

- Completed application
- Check made payable to "FPSE Dog Park"
- Signed Waiver of Liability
- Proof of spaying/neutering
- Current vaccination records for:
  - Rabies, Distemper, Bordetella

**Submit the above documents (mail or in-person) to:**

Park Central Development Corporation  
 ATTN: FPSE Dog Park  
 4512 Manchester Ave, Suite 100  
 St. Louis, MO 63110  
*Office Hours:*  
 Monday & Wednesday 7:30 AM - 5:00 PM



**Annual membership rates are as follows\*:**

FPSE Residents**	1 Dog	2 Dogs	3 Dogs
July 1st - June 30th	\$35	\$60	\$75
January 1st - June 30th	\$20	\$40	\$50

Non-Residents	1 Dog	2 Dogs	3 Dogs
July 1st - June 30th	\$50	\$75	\$90
January 1st - June 30th	\$35	\$50	\$65

\* Membership year runs July 1st-June 30th, and fees are pro-rated depending on date that the membership is purchased.  
 \*\* To qualify for the resident rate, the applicant must live within the Forest Park Southeast Neighborhood.

**Owner #1:**

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_  
 STREET ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 EMAIL \_\_\_\_\_ PHONE NUMBER (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

**Owner #2 (if applicable):**

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_  
 STREET ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 EMAIL \_\_\_\_\_ PHONE NUMBER (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

**Dog #1:**

NAME \_\_\_\_\_  
 BREED \_\_\_\_\_  
 WEIGHT \_\_\_\_\_ AGE \_\_\_\_\_

Vaccines	Due Date
Rabies	_____
Bortadella	_____
Distemper	_____

Office Use	
Date	_____
Payment	_____
Type	_____
Photo	_____

**Dog #2:**

NAME \_\_\_\_\_  
 BREED \_\_\_\_\_  
 WEIGHT \_\_\_\_\_ AGE \_\_\_\_\_

Vaccines	Due Date
Rabies	_____
Bortadella	_____
Distemper	_____

**SPECIAL THANKS  
TO OUR SPONSOR**



**Questions? Please email: [fpsedogpark@gmail.com](mailto:fpsedogpark@gmail.com)**