



City of Farmington Hills

William Grace Dog Park Application

Expires January 31, 2027



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 review the dog park orientation video that is on the dog park webpage at www.fhgov.com
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 _____ Bordetella _____

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 _____ Bordetella _____

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 _____ Bordetella _____

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

_____ \$10 replacement key fob

_____ \$70 Non-Resident

_____ \$10 for each additional dog up to 3 dogs

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 driver's license.