

Wesminster Farm, LLC - Member Application

OWNER INFORMATION – List up to 2 Adults (over 18 yrs old)

PRIMARY _____Last_____First_____ SECONDARY _____Last_____First_____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ CELL _____

E-MAIL ADDRESS _____

CHILDREN (12 yrs old and up) _Names/Ages_____

Children must be supervised by an adult at all times.

EMERGENCY CONTACT _____NAME_____PHONE _____

DOG INFORMATION

DOGS MUST BE UP-TO-DATE ON VACCINATIONS

NAME _____ BREED _____ SEX _____ AGE _____

WEIGHT _____ BIRTHDATE _____ SPAYED/NUTURED? _____

VACCINATION DUE DATES:

RABIES _____ BORDETELLA _____ DHPP _____

PLEASE DESCRIBE YOUR DOG _____

VETERINARY CLINIC _____ OFFICE# _____

ATTACH A CERTIFICATE FROM YOUR VET THAT THE DOG IS UP TO DATE ON VACCINATIONS
FOR ADDITIONAL DOGS, PLEASE FILL OUT ADDITIONAL DOG(S) FORM AND ATTACH

\$200.00 ANNUAL MEMBERSHIP FEE - Cash or Check – make checks payable to:
Wesminster Farm, LLC – Mailing address W8160 Hwy 11 Delavan, WI 53115

HOW DID YOU HEAR ABOUT US? _____

OFFICE USE ONLY- VET CERTIFICATE RECEIVED _____ MEMBERSHIP AGREEMENT _____

PAYMENT DATE _____ CASH/ CHECK – TEMPERMENT TEST DATE _____