



rev. 5/19

Donna Lent, Town Clerk

Lauren Thoden, Deputy Town Clerk
One Independence Hill, Farmingville, NY 11738
(631) 451-9101 FAX: 451-9264

Applicants should mail the completed application and 1”x1” photograph(s) of dog(s) to be named on the Pooch Pass. The pass will be valid from May 1st through April 30th. Parks are open from 8:00 AM to Dusk, 7 days a week. There are abbreviated hours during holidays. Replacement Pass Fee: \$15.00

Middle Island Dog Park

N of Rte 25, W of Woodville Rd
E of Currans Rd, S of Whiskey Rd, Middle Island

Selden Dog Park

West Side of Boyle Rd
Across from Donna Ct, Selden

RULES AND REGULATIONS

- **Handlers must clean up after their pet.**
- **Dogs with a known history of dangerous behavior and female dogs in heat are prohibited.**
- **Dogs must have current vaccinations and licenses.**
- **Dog must be wearing a collar with current dog license.**
- **Puppies under four (4) months old prohibited.**
- **Dogs must be spayed or neutered.**
- **Leaving dogs unattended is prohibited.**
- **Handlers must carry a leash at all times.**
- **Limit two (2) dogs per person per visit.**
- **Dogs must be leashed prior to entering and upon leaving area.**
- **Dog owners and dogs must stay within the designated park area.**
- **Dog must be removed from the park at the first sign of aggression.**
- **No children under the age of 12 allowed in off-leash area.**
- **No food, drink, or smoking allowed.**
- **No choke or prong collars allowed.**
- **No balls or toys permitted.**
- **Dog owners must be at least 18 years old.**
- **Owners and/or handlers are responsible for their dog’s actions.**
- **You must pick up after your dog and place excrement in receptacles by each gate.**
- **Any dogs outside this area must be on a leash (six foot long maximum).**
- **Town of Brookhaven and New York State residents only are permitted in the park.**

The above captioned Rules and Regulations were approved by the Brookhaven Town Board for the permitted use of Dog Parks within the Town of Brookhaven pursuant to Town Code 10-15.1. If a secondary person is on the dog pass they are required to read and have a copy of the rules and regulations.

_____ I have read these rules and understand that violating any of these rules will result in the termination of my Dog Park privileges.
Initial

RELEASE AND HOLD HARMLESS DOG PARK PERMIT

The undersigned in being granted a permit for the use of Town property and/or Town facilities hereby agrees to assume all liability and all risk of loss and shall be responsible for the supervision and welfare of all persons and/or pets arriving on and/or using Town property and/or facilities in connection with permit issued. The undersigned further hereby releases the Town of Brookhaven, its officers, employees, servants, agents and enumerated volunteers from any liability for any injuries sustained, or damages incurred and to reimburse the Town for any damages arising out of directly or indirectly in connection with the undersigned’s use of the Town property and/or facilities. The undersigned hereby further agrees that he/she will indemnify and hold harmless the Town of Brookhaven, its officers, employees, servants, agents and enumerated volunteers harmless from any liability or claims that may result from the use of the Town property and/or facilities arising out of said permit.

Applicant’s Name: _____

Signature of Applicant: _____ **Date:** _____



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Was the dog listed below ever declared a dangerous or vicious dog? Yes No

If yes, you must register the dog on the Brookhaven Town Dangerous Dog Registry. Please see the Dangerous Dog Registration application for further instructions.

OWNER NAME:		
SECOND PASS HOLDER NAME (optional):		
DRIVER LICENSE/NON-DRIVER ID # (s):		
SOCIAL SECURITY #:		DATE OF BIRTH:
STREET ADDRESS:		
CITY:		STATE: ZIP:
DAYTIME TELEPHONE #:	EVENING TELEPHONE #:	MOBILE #:
E-MAIL ADDRESS:		

DOG 1	NAME:		BREED:	
	SPAY/NEUTER: YES <input type="checkbox"/> NO <input type="checkbox"/>		COLOR:	AGE:
	SEX: MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>		DOG LICENSE #:	

DOG 2	NAME:		BREED:	
	SPAY/NEUTER: YES <input type="checkbox"/> NO <input type="checkbox"/>		COLOR:	AGE:
	SEX: MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>		DOG LICENSE #:	

DOG 3	NAME:		BREED:	
	SPAY/NEUTER: YES <input type="checkbox"/> NO <input type="checkbox"/>		COLOR:	AGE:
	SEX: MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>		DOG LICENSE #:	

DOG 4	NAME:		BREED:	
	SPAY/NEUTER: YES <input type="checkbox"/> NO <input type="checkbox"/>		COLOR:	AGE:
	SEX: MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>		DOG LICENSE #:	

For Office Use Only		Pass #:
Receipt #:	Gate Key #:	