**Pet Registration Form**

**Animal Owner Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Site #:\_\_\_\_\_\_\_**

**Animal Owner Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Dates of Stay: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| --- | --- | --- |
|  | **Animal 1** | **Animal 2** |
| **Animal Type** |  |  |
| **Animal Breed** |  |  |
| **Color** |  |  |
| **Size** |  |  |
| **Sex** |  |  |
| **Name** |  |  |
| **Age** |  |  |
| **Last Vaccination** |  |  |

**CAMP OPERATORS MUST NOTIFY THE HEALTH DEPARTMENT IMMEDIATELY OF ANY HUMAN BITTEN BY ANIMALS**

**Pet Registration Form**

**Animal Owner Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Site #:\_\_\_\_\_\_\_**

**Animal Owner Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Dates of Stay: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |
| --- | --- | --- |
|  | **Animal 1** | **Animal 2** |
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| **Animal Breed** |  |  |
| **Color** |  |  |
| **Size** |  |  |
| **Sex** |  |  |
| **Name** |  |  |
| **Age** |  |  |
| **Last Vaccination** |  |  |

**CAMP OPERATORS MUST NOTIFY THE HEALTH DEPARTMENT IMMEDIATELY OF ANY HUMAN BITTEN BY ANIMALS**