



## VET CAMP REGISTRATION FORM

### Personal Information:

1. Full Name: \_\_\_\_\_
  2. Date of Birth: \_\_\_\_\_
  3. Gender:  Male  Female
  4. Age: \_\_\_\_\_
  5. Address:
    - Street: \_\_\_\_\_
    - City: \_\_\_\_\_
    - State/Province: \_\_\_\_\_
    - Zip/Postal Code: \_\_\_\_\_
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### Parent/Guardian Information:

1. Full Name: \_\_\_\_\_
2. Relationship to Participant: \_\_\_\_\_
3. Phone Number: \_\_\_\_\_
4. Email Address: \_\_\_\_\_

### Emergency Contact:

1. Full Name: \_\_\_\_\_
2. Phone Number: \_\_\_\_\_
3. Relationship to Participant: \_\_\_\_\_



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**Health and Safety Information:**

1. Does the participant have any allergies or medical conditions?

Yes  No

○ If yes, please provide details: \_\_\_\_\_

2. Current medications (if any): \_\_\_\_\_

3. Does the participant require special accommodations?

Yes  No

○ If yes, please provide details: \_\_\_\_\_

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1. Is there a specific topic the participant is interested in learning about?

\_\_\_\_\_

2. Has the participant attended a previous vet camp?

Yes When? \_\_\_\_\_  No

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**Camp Session Information:**

3. Camp Session Date: Saturday June 13th from 8 a.m.- 2 p.m.

4. T-shirt Size (Youth) :  Small  Medium  Large  X-Large  XX-Large

T-shirt Size (Adult) :  Small  Medium  Large  X-Large

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**Parental/Guardian Consent:**

I, the undersigned, consent to my child's participation in the vet camp. I understand that the camp will take all reasonable precautions to ensure the safety and well-being of all campers. In case of an emergency, I authorize the camp staff to seek medical treatment if necessary. I understand that for the safety of all participants and animals, respectful and responsible behavior is required at all times. Failure to follow rules or staff instructions may result in dismissal from the camp without refund. I voluntarily allow my child to participate in all Vet Camp activities, including animal handling under supervision. I confirm that my child is physically and emotionally capable of participating and will follow all safety instructions provided by staff. I agree to inform staff of any medical conditions, allergies, or behavioral concerns that may affect my child's participation.

**Photo & Social Media Consent**

I understand that photographs and/or videos may be taken during Veterinary Camp activities.

Please select one:

I GIVE permission for my child to be photographed and/or recorded, and for these images to be used on the veterinary clinic's website, social media platforms (such as Facebook, Instagram, etc.), and other educational materials.

I DO NOT GIVE permission for my child's image or likeness to be used in any promotional, social media, or website content.

- Parent/Guardian Name (Print): \_\_\_\_\_

- Signature: \_\_\_\_\_

- Date: \_\_\_\_\_

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Payment Information:

1. Total Fee: \$125.00
  - \$50 registration fee
  - **\$75** due at sign in

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**Vet Camp Scholarships – Now Available!**

We're excited to offer a scholarship opportunity for our upcoming Vet Campers! These scholarships are designed to support passionate, motivated students who are eager to learn more about veterinary medicine and animal care.

To apply, please have your child submit a short essay explaining why they would like to attend Vet Camp and what they hope to learn from the experience. They can share their interests, goals, and what inspires them about working with animals.

Essays can be submitted separately from the registration form; either by dropping them off in person or emailing them to [info@animalwellnessworld.com](mailto:info@animalwellnessworld.com)

**The submission deadline is May 13th!**

We look forward to reading their submission and supporting the next generation of animal advocates! 🐾

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Thank you for registering for Vet Camp!

**Staff Use:**

Payment Method:  Credit/Debit Card  Check  Cash

Payment Date: \_\_\_\_\_

Received by: \_\_\_\_\_