

Pet Registration Form

Animal Owner Name: _____ Phone #: _____ Site #: _____

Animal Owner Address: _____

Dates of Stay: _____

	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