



WELLINGTON VETERINARY CLINIC, P.C.

7837 6th Street
Wellington, CO 80549
Phone: (970) 568-7387
Fax: (970) 568-0566
Web: www.wellingtonvets.com

PAW PALS - Vet Explore Program

Registration Form

Name: _____

Address: _____

Phone: _____

Email: _____

Emergency Contact Information (Parent or Guardian)

Name: _____

Address: _____

Phone (s): _____

Email: _____

Date I would like to attend 1st Choice _____ 2nd Choice _____

I give permission for my child _____ to attend Wellington Veterinary Clinic's PAW PALS- Vet Explore Program. I understand that my child will be working with live animals and exposed to behind the scene activities of a working animal hospital under the supervision of a Veterinary Technician.

Signed: _____ Date: _____

Please enclose your registration form and payment of \$35.00 payable to Wellington Veterinary Clinic. Once your registration is received, our registration coordinator will sent you a confirmation of your class and date you were assigned. Please plan to wear long pants and tennis shoes and bring any questions you have about your future career.

Please submit registration form and payment to:

Wellington Veterinary Clinic
7837 6th Street
PO Box 1110
Wellington, CO 80549

Dr. Tracey Jensen

Dr. Wayne Jensen

Dr. Jody Engel

Dr. Gina Singleton



As an accredited member of the American Animal Hospital Association, we are dedicated to providing excellence in small animal care. Our hospital is evaluated regularly by AAHA to ensure that we meet or exceed the association's standards of excellence. AAHA standards are recognized around the world as the benchmark for quality care in veterinary medicine.