IMPORTANT INFORMATION FOR VETERINARY ASSISTANT STUDENTS

All students in the Veterinary Assistant program must provide proof of pre-exposure to rabies and tetanus vaccination within 8 weeks of beginning the program (deadline: March 3, 2017).

Immunization may be obtained prior to admission at the student's expense - consult your physician for details. If you have drug coverage through work, parents or spouse, check with your plan's administrator for coverage details as certain types of vaccinations may not be covered. If your plan does not cover these injections, the Student Insurance Plan will cover 80% of the cost if the immunization series is obtained **after** the first day of classes in January. The series of three injections is approximately $640. Students must make the initial payment and are reimbursed by the insurance carrier. If students wish to participate in the Student Insurance Plan, they may not opt out of the plan.

If student demand is sufficient, immunization clinics will be set up for the students' convenience at the Orillia campus. Payment (approximately $640) must be made by certified cheque or money order. Please complete the brief immunization questionnaire below and return it as soon as possible so that we can arrange the clinics (if necessary). **Important: Deadline to submit is December 9, 2016**.

For more information about the immunization requirement, please contact Debra Wright at (705) 325-2740, ext. 3086 or Amy Lagacy at (705) 325-2740, ext. 3074. For additional information on the Veterinary Assistant program, visit the College's Web site at www.georgiancollege.ca and follow the program links.

VETERINARY ASSISTANT IMMUNIZATION QUESTIONNAIRE

Please return no later than December 9, 2016 to:

Georgian College, 825 Memorial Avenue, Box 2316
Orillia, ON L3V 6S2
Attention: Veterinary Assistant Program

Or by FAX at 705-329-3110
Or by scan to email: amy.lagacy@georgiancollege.ca

☐ **Yes**, I would like to attend the immunization clinics at the Orillia campus as part of my program. I understand that this is at my own expense and that I may obtain reimbursement through the Student Insurance Plan. Payment is due (approximately $640) at the time of the first injection, the third week of January. No payment – no immunization – no exceptions. **Deadline to submit: December 9, 2016**

☐ **No**, I will arrange for immunization prior to the first week of February and will provide proof of active immunization through a Rabies Titre. Copies of immunization records are not acceptable as proof of immunization for Rabies. Consult your physician for details.

Name: _____ Student #: _____

Phone: _____ Email: _____
(daytime) (evening)

Signature: _____ Date: _____