



**EWW**  
VETERINARY SERVICES



## Wildlife Veterinary Course in South Africa

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

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Zip: \_\_\_\_\_ Place: \_\_\_\_\_ Country: \_\_\_\_\_

Email: \_\_\_\_\_ Phone n°: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Profession: \_\_\_\_\_

Passport n°: \_\_\_\_\_ Validity: \_\_\_\_\_ Nationality: \_\_\_\_\_

**(Important: This will be your identification document for your entire travel and event.)**

Vegetarian?  NO ;  YES, but I eat milk products and eggs.      Vegan?  NO ;  YES

Health restrictions: \_\_\_\_\_

Allergies: \_\_\_\_\_

If you are travelling with a companion, please indicate the name of the person you will share the accommodation with:

\_\_\_\_\_

YES, I accept to share the accommodation, if there is someone in the same condition.

How did you hear about our courses?

\_\_\_\_\_

**Contact person in case of emergency during the event**

Name: \_\_\_\_\_ Phone n°: \_\_\_\_\_

Relationship: \_\_\_\_\_ Country: \_\_\_\_\_

Did you already made one safari travel before?  NO  YES

If, YES, when? \_\_\_\_\_ . Where? \_\_\_\_\_ .

**Studies / University**

Year attending at present or year of graduation: \_\_\_\_\_

Other degrees: \_\_\_\_\_

Tell us about yourself and why you would like to join our course:

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Other volunteer or travel experiences:

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Price of the event you are registering for: \_\_\_\_\_ .

( The total price of the event must be settled within 60 days of the beginning of the event. )

Registration of 30% of the event price: \_\_\_\_\_ .

( Registration will only be accepted after full payment or 30% of the event value. )

YES, I transfer the full amount ;

YES, I transfer 30% of the event price to confirm my registration to the account:

Name: EWS - Serviços Veterinários, LDA

IBAN: PT50 0045 6320 4035 3964 1879 8

Bank: Crédito Agrícola

Swift code: CCCMPTPL

**Please note:** The more information you supply, the better equipped we will be to coordinate placements and participants. Please, bear in mind that living and working closely as a team may also be mentally/ emotionally demanding. You know yourself and any limitations you may have, better than anyone. Your honesty in response to this question affects your safety, and the safety of your fellow participants, while participating in the monitoring work. Failure to disclose any potential important information could result in hazardous situations in this wild and unpredictable environment in which we work. Extreme cases, in which the program is compromised through failure to divulge this information, could result in participants being asked to leave without a refund.

I declare that I took knowledge of the program of the event I have chosen, and that I have read the Terms and Conditions concerning the event in which I register, on the website [www.maiawildlife.com](http://www.maiawildlife.com) and I accept in its entirety.

Place and date: \_\_\_\_\_ Signature: \_\_\_\_\_

**Contacts:**

European Wildlife Vets - [ewvets@gmail.com](mailto:ewvets@gmail.com) or +351 911 570 565

Maia Wildlife - [maiawildlife@gmail.com](mailto:maiawildlife@gmail.com) or +41 79 816 60 69

(Travel information is just for transfers purpose, and can be provided later.)

**Travel informations :**

Arrival date: \_\_\_\_\_

Departure date: \_\_\_\_\_

Arrival time: \_\_\_\_\_

Departure time: \_\_\_\_\_

Flight n°: \_\_\_\_\_

Flight n°: \_\_\_\_\_