

**Tuskegee University College of Veterinary Medicine**  
**VET STEP 2025 Application Form**  
**VET STEP I Rising 9th-10th graders (June 09, 2025-June 13, 2025)**  
**VET STEP II Rising 11-12th graders (June 23, 2025-June 27, 2025)**  
**Application Deadline: March 01, 2025**

**Please be sure to include each of the following items in your application packet. If all items are not received, applications will be rendered incomplete and not accepted for admission.**

- \* Letter of Recommendation on official school letterhead from a current Science teacher **AND** current counselor (2 letters of recommendation)
- \* Official school transcript (minimum cumulative GPA of 3.00 **required**)
- \* Essay: "Why I want to be a Veterinarian" (minimum 200 words)
- \* Photo of VET STEP applicant (headshot/passport size **only**)
- \* Copy of medical insurance card (front/back)

**Name:** \_\_\_\_\_

**Last** **First** **M.I.**

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

**City** **State** **Zip**

**Date of Birth:** \_\_\_/\_\_\_/\_\_\_ **Grade:** \_\_\_\_\_ **Gender:** \_\_\_ **Ethnicity:** \_\_\_\_\_

**School:** \_\_\_\_\_ **Current GPA:** \_\_\_\_\_

**Have you ever applied to VET STEP before?** \_\_\_\_\_ **If so, were you accepted:** \_\_\_\_\_

**Which session are you applying for? (please circle one)**

- VET STEP I (rising 9th and 10th graders)
- VET STEP II (rising 11th and 12th graders)

**Please list all animal experience:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Dietary Restrictions: Participants will be provided breakfast, lunch, and dinner (buffet style) in the University dining hall for the duration of the program. If your child has dietary restrictions, it is recommended that you bring their pre-packaged meals.**

## **TUCVM VET STEP 2025 Program Agreement and Release of Liability**

I/We the undersigned (or parent/guardian, if participant is under the age of 18), understand that this is a legally binding Release of the Tuskegee University (TU). **Please Initial** \_\_\_\_\_

I/We request permission to participate in VET STEP 2025. In consideration of being granted this permission, I/We agree as follows: **Please Initial** \_\_\_\_\_

1. **Voluntary Program:** I understand and agree that participation in this Program is purely voluntary and is not required by TU. **Please Initial** \_\_\_\_\_

2. **Release of Liability:** I/We, on behalf of myself/the Participant, the family heirs, personal representatives, guardians, successors, and assigns (all of whom are referred to as "Releasers"), hereby release Tuskegee University, its Administrators, Faculty, Trustees, Officers, Directors, Employees, Volunteers, and Agents (all of whom are referred to as "Releasees") from, and agree not to sue Releasees, for any claims that I/we may have arising from, or in connection with, any physical, emotional or mental injury or property damage that Releasers may suffer as a result of my participation in the Program from any cause whatsoever, to the extent permitted by law. **Please Initial** \_\_\_\_\_

3. **Acknowledgment of Risk:** I/We recognize and acknowledge the risks of the activities which could include serious injuries and property damage. I/We attest that I/we have fully considered the risks and hazards, and I/we agree that I/we have individually assumed the risks involved in this Program. **Please Initial** \_\_\_\_\_

4. **Fitness to Participate:** I/We hereby represent that I am physically and mentally able to participate in the above referenced Program and have no health problems which would present a risk to me in participating in this Program. I certify the participant has been seen by a healthcare provider within the last year. **Please Initial** \_\_\_\_\_

5. **Emergency Medical Treatment:** I/We understand and agree that Releasees do not have medical personnel available at the location of the Program. I/We understand and agree that Releasees are granted permission to transport the participant to and to authorize emergency medical treatment, if necessary and that such action shall be subject to the terms of this agreement. I/We understand and agree that Releasees assume no responsibility for any injury or damage which might arise out of, or in connection with such authorized emergency medical treatment. **Please Initial** \_\_\_\_\_

6. **Insurance:** I/We represent that I have adequate health insurance necessary to provide for and pay any medical costs that may be attendant as a result of injury. I guarantee payment of all

expenses incurred for transportation of participant to and receiving emergency medical treatment. **Please Initial** \_\_\_\_\_

7. **Photos & Videos:** I agree that any photographs or video taken of me and/or my child or testimonial given may be used for promotional, educational and/or publicity without any compensation or prior approval. **Please Initial** \_\_\_\_\_

## **TUCVM VET STEP 2025 Program Agreement and Release of Liability**

**\*\*THIS IS A RELEASE OF LEGAL RIGHTS, PLEASE READ BEFORE SIGNING\*\***

I acknowledge that I have carefully read this agreement and fully understand its contents. I acknowledge that I am voluntarily executing this agreement of my own free will. After having the opportunity to consult with legal counsel of my own choosing, I acknowledge and understand that this agreement will release the Tuskegee University and its Releasees from any liability in connection with any injury or damages or losses suffered as a result of the Participant's participation in the above referenced Program. It is my intent that this release shall bind the members of Participant's family, estate, heirs, administrators, personal representatives, or assigns. **Please initial** \_\_\_\_\_

I acknowledge that I have read and understand the TUCVM VET STEP 2024 Program Agreement and Release of Liability form. I hereby approve of the Participant's participation in the VET STEP 2025 Program. **Please initial** \_\_\_\_\_

I further state that I am the Participant's \_\_\_\_ parent/\_\_\_\_ guardian and am fully competent to sign this agreement; and that I execute this release for full, adequate, and complete consideration fully intending for myself, for the participant, and for the participant's family, estate, heirs, administrators, personal representatives, or assign to be bound by same. **Please initial** \_\_\_\_\_

**Participant's Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Tuskegee University College of Veterinary Medicine  
VET STEP 2025  
Medical Information Form**

This authorization gives Tuskegee University permission to act on your behalf in the case of a medical emergency. All information provided is confidential and will be used only in case of a medical emergency. Signed Medical Information and Authorization Forms are **required** for attendance and participation. **Include a copy of the front and back of the insurance card.**

**Student Name:** \_\_\_\_\_

**Last** **First** **M.I.**

**Date of Birth:** \_\_\_ / \_\_\_ / \_\_\_ **Social Security Number:** \_\_\_\_\_

**Current Address:** \_\_\_\_\_

\_\_\_\_\_  
**City** **State** **Zip**

**Parent/Guardian Name:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Emergency Contact and Phone Number:** \_\_\_\_\_

**Medical Insurance Information**

**Policy Holder's Name:** \_\_\_\_\_

**Insurance Company Name:** \_\_\_\_\_

**Insurance Company Phone:** \_\_\_\_\_

**Insurance Company Address:** \_\_\_\_\_

Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Tuskegee University College of Veterinary Medicine  
VET STEP 2025  
Medical Information Form (Continued)**

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

Current Medication(s): \_\_\_\_\_

Medication(s) allergies: \_\_\_\_\_

**Medical/Health Conditions: Please select all that apply**

- |   |   |
|---|---|
| <input type="checkbox"/> Asthma                     | <input type="checkbox"/> Wear Glasses                   |
| <input type="checkbox"/> Thyroid Disease            | <input type="checkbox"/> Cancer                         |
| <input type="checkbox"/> Diabetes                   | <input type="checkbox"/> Arthritis                      |
| <input type="checkbox"/> Skin Problems              | <input type="checkbox"/> Tuberculosis                   |
| <input type="checkbox"/> High Blood Pressure        | <input type="checkbox"/> Kidney or Bladder Infection    |
| <input type="checkbox"/> Sinusitis                  | <input type="checkbox"/> Rheumatic Fever                |
| <input type="checkbox"/> Ear Problems               | <input type="checkbox"/> Stomach or Intestinal Problems |
| <input type="checkbox"/> Yellow Jaundice, Hepatitis | <input type="checkbox"/> Significant Injuries           |
| <input type="checkbox"/> Frequent Ear Infections    | <input type="checkbox"/> Heart Disease                  |
| <input type="checkbox"/> Liver Disease              | <input type="checkbox"/> Heart Murmur                   |
| <input type="checkbox"/> Deafness                   | <input type="checkbox"/> Bone or Joint Problems         |
| <input type="checkbox"/> Epilepsy                   | <input type="checkbox"/> Eye Problems                   |

Other \_\_\_\_\_

**Emotional Illness**  Yes  No

If you checked yes, did you have treatment?  Yes  No

**Describe any Physical Disabilities or limitations:**

\_\_\_\_\_

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Student's Name (Signature): \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian's (Signature ): \_\_\_\_\_ Date: \_\_\_\_\_

**Tuskegee University College of Veterinary Medicine  
VET STEP 2025  
Medical Care Authorization Form**

I hereby grant permission to the authorized representative of Tuskegee University College of Veterinary Medicine (TUCVM) to provide minor care to the (print student's name) \_\_\_\_\_ if needed. Further permission for emergency treatment, in the event of serious illness or the need for hospitalization and or major surgery, is granted, conditional upon the understanding that the representative of TUCVM will use all reasonable efforts to contact the emergency references (parent or guardian) named herein. Failure in such efforts however should not prevent the representative from providing such emergency treatment and allow the Student Health Center or any licensed physician, contracted by Tuskegee University as may be necessary for the best interest of the life of the above student.

*I further understand and agree that Tuskegee University is not legally liable, financially, or otherwise, for such emergency treatment*

Student's Name Date \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Date: \_\_\_\_\_

**The VET STEP 2025 application has a strict deadline of March 01, 2025. No applications and/or application materials will be accepted after the deadline. All official high school transcripts must be emailed or mailed directly from the high school. Grade reports and unofficial transcripts are not accepted.**

Please email the **completed** VET STEP 2025 application, passport size photo of applicant, essay, and two letters of reference to the Attention of **Mr. Jerome Jones** at:  
[tucvmvetstep@tuskegee.edu](mailto:tucvmvetstep@tuskegee.edu)