

# New England Equine Medical & Surgical Center

## Externship Application Form

**Name:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**School:** \_\_\_\_\_ **Year:** 1 2 3 4 **Years program requires** \_\_\_\_\_

**Veterinary program** \_\_\_\_\_ **Technician program** \_\_\_\_\_ **Pre-veterinary program** \_\_\_\_\_

**Male** \_\_\_\_\_ **Female** \_\_\_\_\_ **Would you mind sharing a room with the opposite sex?**  
No \_\_\_\_\_ Yes \_\_\_\_\_ Ask me first \_\_\_\_\_

**Address @ School:** \_\_\_\_\_ **Home Address:** \_\_\_\_\_

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

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

**Telephone:** (     ) \_\_\_\_\_ (     ) \_\_\_\_\_

**Cell phone:** (     ) \_\_\_\_\_

### Emergency Contact Info During Externship:

Name/Relation \_\_\_\_\_ Phone Contact \_\_\_\_\_

Name/Relation \_\_\_\_\_ Phone Contact \_\_\_\_\_

Other Info (medication, medical condition, etc.) \_\_\_\_\_

\_\_\_\_\_

**Dates of Externship:** 1<sup>st</sup> choice \_\_\_\_\_

2<sup>nd</sup> choice \_\_\_\_\_

3<sup>rd</sup> choice \_\_\_\_\_

Please attach either a current curriculum vitae or a letter describing all equine experience and other pertinent information you consider valuable in consideration of your application for externship.

By signing below, you indicate that you have read the description of **New England Equine Medical & Surgical Center** externship, and agree to abide by the expectations described therein to the best of your ability.

Signature \_\_\_\_\_ Date \_\_\_\_\_