

New England Equine Medical & Surgical Center

Externship Application Form

Name: _____ **Email Address:** _____

School: _____ **Year:** 1 2 3 4 **Years in program** _____

Pre-veterinary program _____ **Veterinary program** _____ **Technician program** _____

School Address: _____ **Permanent Address:** _____

Telephone: () _____ () _____

Cell phone: () _____

Dates of Externship: 1st choice _____

2nd choice _____

3rd 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 _____