

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: 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 _____