

EXTERN SURVEY

NAME:

SCHOOL:

YEAR:

PLEASE ATTACH YOUR CV, A REFERENCE AND A RECENT PHOTOGRAPH FOR OUR RECORDS.

DATES YOU WOULD LIKE TO EXTERN:

SPECIAL VETERINARY INTERESTS:

ARE THERE ANY PARTICULAR VETERINARIANS THAT YOU WOULD LIKE TO SPEND TIME WITH DURING YOUR TIME AT PBEC? *We do our best to arrange but it cannot always be a guarantee.*

HAVE YOU BEEN TO PBEC PREVIOUSLY? IF SO, WHEN?

EMERGENCY CONTACT NAME:

EMERGENCY CONTACT PHONE NUMBER:

ANY OTHER INFORMATION?

**Thank you for your interest and welcome to
Palm Beach Equine Clinic's Externship Program!**

