



# **Palm Beach Equine Clinic**

## **Extern Application**

Student Name:

Address:

Phone:

Email:

Emergency Contact:

Relation:

Emergency Contact Phone:

Veterinary School:

Year of Graduation:

GPA:

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Requested Externship Dates (1 – 4 week period):

Please describe your areas of interest in equine veterinary medicine and career goals:

Please summarize any prior research experience and/or publications:

Are you involved in any extracurricular activities or associations?

What are your plans after graduating from veterinary school? Where would you like to live/work after graduation?

Are you interested in pursuing an internship and/or residency upon graduation?

Please summarize your equine experience (including any riding/competition history)?

Are there any particular PBEC veterinarians that you are interested in spending time with during an externship? *We do our best to arrange this, but it cannot always be guaranteed.*

Have you previously been to PBEC?

Do you know anyone who works at PBEC?

References or veterinary mentors whom we may contact? Please include the name of their veterinary practice, your relation/history with them, phone and an email address.

Any Additional Information:

Palm Beach Equine Clinic requires externs hold professional liability insurance and personal health insurance. Please attach proof of coverage for both insurances to this application.

If you are interested in applying for an internship, please attach a photo of yourself for our records.