



Externship Application

556 Oxford Rd., Oxford, CT 06478
Phone (203)264-2287 Fax (203) 264-2285
manager@catscornervet.com

Please email, mail or fax completed applications to the attention of the Office Manager

Name _____ Gender F ____ M ____
(Last/Surname) (First) (Middle Initial)

Address _____

City _____ State/Province _____ Country _____ Zip/Postal Code _____

Phone _____ E-mail Address _____

Emergency Contact _____

Relationship of Contact _____ Phone _____

Address _____

Veterinary Institution Currently Attending _____ Graduating Class of 20 _____

Name of Program Coordinator or Dean _____ Phone _____

Program Coordinator or Dean's Signature _____ Date _____

E-mail Address _____ Fax Number _____

Please provide 4 separate choices of dates for your visit to ensure your participation- Please format month/day/year

Total Number of Weeks Requested _____

1st Choice From _____ To _____ **3rd Choice** From _____ To _____

2nd Choice From _____ To _____ **4th Choice** From _____ To _____

Please provide 4 separate choices of Preferred Clinical Rotation Services

(You will be scheduled in each service for 2 weeks, based upon availability)

1st Choice

2nd Choice

3rd Choice

4th Choice