

Central City Veterinary Clinic Intern/Externship Application



Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Dates Requested: _____

Special Interests: _____

Does your school have externship curriculum/requirements? YES NO If no, CCVC will provide a semi-structured curriculum

Will you need housing? YES NO If yes, CCVC can provide basic accommodations with a kitchenette, shower and washer/dryer at the clinic.

Will you have your own transportation? YES NO

Education

High School: _____ City, State: _____

From: _____ To: _____

College: _____ City, State: _____

From: _____ To: _____ Degree: _____

Vet School: _____ City, State: _____

Expected Graduation: _____

Other Information

Tell us a little about yourself.