

Externship Application



PLEASE PRINT

Last Name: _____

First Name: _____

Address: _____ Apt #: _____

City: _____ State: _____ Zip: _____

Telephone: Home: _____ Cell: _____

E-Mail Address: _____

Veterinary Institution Currently Attending: _____ Graduating Class of: 20_____

Please provide four separate choices of dates for your visit to ensure your participation.

We do not take any students the last week of June or the first week of July.

First Choice (indicate date range): _____

Second Choice (indicate date range): _____

Third Choice (indicate date range): _____

Fourth Choice (indicate date range): _____

Please provide four separate choices of preferred Clinical Rotation Services.

Select from the following services: Emergency/Critical Care, Surgery, Internal Medicine, Neurology, Oncology, Ophthalmology.

First Choice: _____

Second Choice: _____

Third Choice: _____

Fourth Choice: _____

Signature: _____ Date: _____

Please Mail, Fax or Email Completed Form to:

Garden State Veterinary Specialists

One Pine Street | Tinton Falls, New Jersey 07753 | Tel: 732-922-0011 | Fax: 732-922-7720 | Email: info@gsvs.org

gsvs.org | felinehyperthyroidism.com