Please complete and email to Tammy Guntrum (<u>drummondanimalhosp@gmail.com</u>) or drop off at our office.



| Name:  |   | DOB:  |  |   |
|--|---|---|--|---|
| Phone Number:  |   | Email:  |  |   |
| Address:   |   |   |  |   |
| Current Status:  | High School Student   | College Student   | Vet Tech Student   | DVM Student                                       |
| Will this experie  | you currently attend? _<br>nce be counted towards<br>ovide all documentation  | s school credit? Yes  |  |   |
| What Dates are   | You Requesting to Con   | ne In?  |  |   |
| hope to one day  | lege Students - what m<br>be a veterinarian or ve<br>out of this externship ex  | terinary technician?  | For Vet/Vet Tech stu   | dents - what do                                   |
| veterinarians, you<br>for any bites/kicks<br>job shadower to k | ne location of Drummond a<br>assume the risk of anima<br>s/other injuries sustained b<br>eep a safe distance from a<br>king pictures of patients ar | ll activity. Drummond A<br>by any job shadowers l<br>animals. All visitors wi | Animal Hospital LLC is<br>by animals. It is the res<br>Il maintain patient/clien | not responsible sponsibility of the at privacy by |
| Signature:   |   |   | Date:  |   |
|  | ent/Legal Guardian Sigi   |   | _ Date:  |   |

You will receive an email detailing an exact time to come in. All job shadower/externs are expected to wear <u>closed toed shoes</u>, <u>scrubs</u>, <u>OR a clean t-shirt and jeans</u> and bring a packed lunch.