

Shelter Medicine Externship Opportunity

Organization name:

Location:

Description of organization:

Equipment/Facilities:

Contact person's name:

Contact person's email:

Contact person's phone number:

Length of externship:

Student housing availability (yes/no; if yes, explain):

Student compensation (yes/no; if yes, explain):

Student veterinary education level requirement (*e.g.* 1st year students, 2nd year students, etc.):

Prerequisites:

Student responsibilities/learning opportunities:

Please provide a typical daily schedule, if possible:

First step for student to take to arrange externship:

Links:

Any additional notes or information: