SVECCS Externship Posting Request

Practice Name: _____

Veterinary Focus: small animal large animal mixed animal exotics other

Type practice (circle): General Emerg/After hours Referral 24hr Emerg/Referral

Address: _____
(street number and name)

_____
(city) (state) (zip code)

Contact Person: _____
(name) (position/title)

_____ / _____ / _____
(daytime phone number) (email) (web address)

Externship specifics:

Months available (circle): Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

Preferred length of externship in weeks:

Number of externs accepted at one time (circle): 1 2 3 4 other:

Number of veterinarians on staff: Full-time: Part-time:

Board Specialists serving the practice: Yes No

If yes, which specialties:

On site? Rotating? On-call as requested?

Living accommodations available: Yes No

Brief description of practice and student expectations: _____

_____

_____

_____

_____

Please return submissions to: Desiree Broach at dbroach@uga.edu, Externship Coordinator for National SVECCS '06-'07.