



Externship Application

Name: _____ Telephone number: _____

Address: _____

E-mail: _____ AVMA PLIT number: _____

Name, address, and telephone number of an emergency contact person:

Desired dates for your externship: _____

Areas of interest within equine veterinary medicine:

Year in veterinary school DURING your externship: _____

Have you completed your veterinary school equine rotation prior to the externship:

Briefly describe any equine experience you have:

PRINT and mail this form along with your curriculum vitae & 3 references to:

Equine Specialty Hospital

Dr. Melissa Milligan

17434 Rapids Road

Burton, OH 44021