

Cedar County Veterinary Services

Internship/Externship Application

Name: _____ Phone number: _____ Email: _____

Address: _____ Emergency Contact: _____

Current level of education: _____ School: _____

Area of interest: Small Animal Large Animal Mixed Practice Special Interests: _____

Is this internship/externship for credit? Yes No Desired length of program (days or hours): _____

Desired dates and times of program: _____ Alternative dates: _____

Dress code: Students are expected to wear long pants, a collared shirt, and clean shoes. Jeans, dirty shoes, t-shirts, and sweatshirts are unacceptable. We ask that students also bring a change of clothes for farm calls and coveralls and boots if they have them, as well as lunch or lunch money if staying the entire day.

Code of conduct: Students should arrive on time each day and stay for the complete duration of the program unless previous arrangements have been made or at the decision of the attending veterinarian based on caseload. Students are encouraged to participate in appointments and procedures, however, please be respectful of all owners and patients. Inappropriate language will not be tolerated and decorum should always be maintained when clients are present. In general questions should be reserved for discussion after an appointment so the doctor can have undivided attention during exams.

Confidentiality: All cases are protected by patient confidentiality. It is not appropriate to discuss case specifics outside the work environment and names should never be used in context with cases (for example you can say you watched a spay surgery or that a dog had pneumonia, but you should never use the name of the animal/owner or discuss detailed information outside the office).

I, _____, an employee, student, or volunteer at Cedar County Veterinary Services, understand that any information (written, verbal or other form) obtained during the performance of my duties must remain confidential. This includes all information about clients, patients, and case specifics, as well as any other information otherwise marked or known to be confidential.

I understand that any unauthorized release or carelessness in the handling of this confidential information is considered a breach of the duty to maintain confidentiality and may result in immediate dismissal and/or possible liability in any legal action arising from such breach.

Signature: _____

Date: _____

This application is a preliminary screening form only and does not guarantee admission to the Cedar County Veterinary Services internship program. Space in the program is limited and all applicants will be interviewed prior to assigning program dates.

Please fax completed form to 402-254-3576 or mail to 305 S. Robinson, Hartington, NE 68739