



Azoresvet.com

azoresveterinarypractice@azoresvet.com

EXTERNSHIP APPLICATION FORM

GENERAL INFORMATION

Name: _____

Telephone: _____ Email: _____

Country: _____

ACADEMIC INFORMATION

College/University: _____

Year: _____ Expected Graduation Date/Year: _____

EXPERIENCE

Please describe your experience with food animals:

STUDENT OBJECTIVES

List the top three things you would like to learn during your externship.

EXTERNSHIP DATES

List the dates and duration of your externship. Please note, Azores Veterinary Practice has a 1-month max for externships.

OTHER REQUIREMENTS

1. Submit a letter of recommendation from one of your food animal professors along with this application form and email to azoresveterinarypractice@azoresvet.com.
2. Check immigration requirements to visit the United States for the externship.