

Veterinary Technician Internship Application
University of Florida College of Veterinary Medicine
2018-2019

Anesthesia or Emergency & Critical Care or General/Rotating

Name _____ Email _____

Street Address _____ Phone # _____

City, State, Zip Code _____ Cell # _____

Pre and/or Post Veterinary Technician Program Education

College	Degree	Major	Dates Attended
_____	_____	_____	_____
_____	_____	_____	_____

Veterinary Technician Program

School _____ Date of Graduation _____

Degree _____ GPA _____

Academic Honors

Previous Employment

Employer	Address	Supervisor	Dates
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

References: I have requested that the 2 following educational or veterinary professionals send letters of recommendation.

Name

Address

Extra-curricular Activities

Professional Memberships

Publications, research, or other pertinent experience

A Statement describing what I expect from an internship program and my future professional goals is attached to this application.

If accepted for an internship I can submit a birth certificate and proof of citizenship.

Signed _____