



**GREEN
VALLEY**
VETERINARY
SERVICES, LLC

Office (860) 420-5002 Fax: (888) 282-8632

www.greenvalleyvetservices.com

122 Atwoodville Rd, Mansfield, CT 06250

Please return to: office@greenvalleyvetservices.com

Student Information:

First Name: _____ Last Name: _____

Street Address: _____

City: _____ Zip: _____

Email: _____ Cell phone: _____

University Information:

University program you are attending: _____

Anticipated Graduation: _____

Current Academic Standing (freshman, sophomore, etc.) ? _____

Are you getting credit through your School or University? _____

If yes, have you checked with your school regarding insurance coverage: _____

Fourth Year Veterinary Students Do you have liability insurance through the AVMA?

Approximate Dates of Availability for Internship:

Start Date: ___/___/___ End Date: ___/___/___ Vacations: _____

Please note that we only take students for full days Monday - Friday

How many days a week would you like to intern? _____

What days of the week (Mon-Fri) work best for you? _____

Additional Information:

Describe prior animal and veterinary experiences:

What are you looking to get out of this internship?

Do you get car sick? _____

How did you hear about Green Valley Veterinary Services?

Reference One:

Name: _____ Relationship: _____

Email: _____

Phone Number: _____

Reference Two:

Name: _____ Relationship: _____

Email: _____

Phone Number: _____

Reference Three:

Name: _____ Relationship: _____

Email: _____

Phone Number: _____

Emergency Contact:

Name: _____ Relationship: _____

Phone Number: _____

*****Please attach a copy of your current resume*****