

LEBANON EQUINE CLINIC EXTERNSHIP APPLICATION



Thank you for your interest in our externship program. For consideration, please complete this application and return it to:

Externship Director, Lebanon Equine Clinic,
1200 Oregonia Road, Lebanon, OH 45036 or
fax 513-932-8340 or

lecinternship@hotmail.com.

Name

Address

City

State

Zip

Home Phone

Cell Phone

E-mail address

Undergraduate College

Year of Graduation

Veterinary College (if currently enrolled)

Year of Graduation

Please include your resume and a brief explanation of the following:

1. Your horse experience.
2. Previous experience in a veterinary clinic.
3. What you hope to take away from this experience.
4. Externship requirements of your school.
5. Dates of your availability.

Signature

Date