



**Veterinary Technician Internship Application
2020-2021**

Anesthesia or Emergency & Critical Care or 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 following two (2) educational or veterinary professionals send letters of recommendation:

Name

Address (*physical or email*)

Extra-Curricular Activities:

Professional Memberships:

Publications, Research, or Other Pertinent Experience:

A letter of interest describing what I expect from the 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 _____