

ANIMAL CLINIC & PHARMACY
105 West O Street, Ogallala, NE 69153
(308) 284-2182
www.ogallalavet.com

VETERINARY STUDENT EXTERNSHIP PROGRAM APPLICATION

To be eligible for the Veterinary Student Externship Program you must be enrolled in veterinary school.

Date: _____

Full Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Veterinary School Name: _____

Veterinary School Address: _____ City: _____ State: _____ Zip: _____

Year in School: _____ Advisor: _____ Advisor Phone: _____

Indicate preferred two-week period(s) to complete your externship: _____

Briefly outline your background, major interests, and areas of expertise:

What knowledge or skills do you hope to gain during your externship at Ogallala Animal Clinic?

*Thank you for your interest in our externship program.
Email completed form and resume to nlemmelvet@gmail.com.
We will contact you as soon as possible once we have received this completed application.*