

## PAWS Wildlife Center Veterinary Externship Application

Name \_\_\_\_\_ Phone (am) (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ Phone (pm) (\_\_\_\_) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Soc.Sec # \_\_\_\_\_

Email \_\_\_\_\_

Person to contact in case of emergency \_\_\_\_\_

Relationship \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Veterinary school you are attending \_\_\_\_\_

Name of Advisor \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Expected graduation date \_\_\_\_\_

Dates available for externship (Please list 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> choices) \_\_\_\_\_

Do you have any medical condition(s) that would prevent you from performing any aspect of the externship? Please explain: \_\_\_\_\_

Where did you hear about our externship program? \_\_\_\_\_

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Please submit the following materials with this application:*

- Curriculum vitae/resume
- Veterinary school transcripts (copies are acceptable)
- A letter of intent describing your career goals and reasons for wanting to participate in the externship program at PAWS
- Three letters of reference

**Please return application and attachments to:**

**Dr. John Huckabee  
PAWS Wildlife Department  
PO Box 1037  
Lynnwood, WA 98046 USA**

**For further information, please contact Dr. Huckabee at 425.787.2500 x814  
or e-mail [jhuckabee@paws.org](mailto:jhuckabee@paws.org) or visit our web site [www.paws.org](http://www.paws.org)**