



# INTERNSHIP APPLICATION

*Thank you for your interest in the Park Equine Hospital Internship Program. A complete application packet includes the following: **this form, curriculum vitae, letter of intent, letters from three professional references.** (Upon acceptance, the applicant must provide **ORIGINAL OFFICIAL TRANSCRIPTS** from the veterinary school from which their degree was obtained.) Applications that are missing information or the required supporting documentation are deemed incomplete and will not be considered.*

## IDENTIFICATION INFORMATION

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, & Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth (MM/DD/YYYY): \_\_\_\_\_ Circle One:    MALE            FEMALE

Current School/University: \_\_\_\_\_

School/University Address : \_\_\_\_\_

Have you been injured or do you have any injuries (hip, back, knee, wrist, etc.) that would hinder your participation in this program? Do you have any allergies (hay, straw, animals, dust, etc.) If so, please describe:

\_\_\_\_\_  
\_\_\_\_\_

Our internship program starts in June and ends the following June; if you anticipate needing accommodations with this schedule, please check:

Please rank your interest in the following rotations: 1 being your favorite and 3 being your least favorite.

**Ambulatory**                       **Surgery**                               **Internal Medicine**

Please rank your interest in the following subjects: 1 being your favorite and 8 being your least favorite.

**Podiatry**     **Reproduction**                       **Neonatal**                       **Diagnostics/Imaging**

**Dentistry**     **Practice Management**     **Anesthesia**                       **Sports Medicine**

**3550 Lexington Rd. • Versailles, KY 40383**  
**(p) 859.873.7275 • (f) 859.873.7274**

**5455 Lexington Rd. • Lexington, KY 40511**  
**(p) 859.987.4303 • (f) 859.987.4304**

## **RESIDENCY & CITIZENSHIP INFORMATION**

City and State (or Country if not USA) of birth: \_\_\_\_\_  
(International Applicants will be required to apply for and obtain a J-1 Visa, at their own expense, to participate in the course)

## **REFERENCES**

List three references who will be submitting a letter of recommendation on your behalf.

1. Name: \_\_\_\_\_ Relationship & Length: \_\_\_\_\_

Company: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

\_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship & Length: \_\_\_\_\_

Company: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

\_\_\_\_\_

3. Name: \_\_\_\_\_ Relationship & Length: \_\_\_\_\_

Company: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

\_\_\_\_\_

## **ACADEMIC HISTORY**

List all Post-Secondary institutions you have attended **beginning with the most recent**. An official transcript from veterinary school will be required upon acceptance to the internship program.

<u>School Name</u>	<u>City/State</u>	<u>Major</u>	<u>Dates Attended</u>	<u>Degree Awarded</u>
--------------------	-------------------	--------------	-----------------------	-----------------------

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**AUTHORIZATION AND SIGNATURE**

I certify that all the information provided on and with this application is complete and accurate to the best of my knowledge. I understand that all information will be available to the Review & Selection Committee. I grant permission to Park Equine Hospital to verify any and all information pertinent to my application.

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

Applications may be mailed to:

OR

Emailed in PDF format to Applications Committee:

Park Equine Hospital  
Attn: Admissions Committee  
5455 Lexington Road  
Lexington, KY 40511

applications@parquinehospital.com

*Park Equine Hospital internships are decided on a rolling admission basis; please allow 2-4 weeks for review of your application.  
You will be contacted within 8 weeks.*

**3550 Lexington Rd. • Versailles, KY 40383  
(p) 859.873.7275 • (f) 859.873.7274**

**5455 Lexington Rd. • Lexington, KY 40511  
(p) 859.987.4303 • (f) 859.987.4304**