ASPCA SHELTER MEDICINE EXTERNSHIP PROGRAM

The ASPCA is pleased to offer an opportunity for students currently enrolled in their third and fourth year at a veterinary college to spend time at its headquarters in New York City. The ASPCA, the oldest humane society in North America, offers students interested in animal sheltering a chance to experience the many different unique facets of the challenges faced by veterinarians who work for or with shelters.

The ASPCA is a national animal welfare organization that runs several local programs in New York City. The externship program is coordinated by the Veterinary Outreach Department, which enables the student to have an opportunity to work in the various departments at the ASPCA that are directly involved in shelter programs.

The program has several goals. Amongst them:

• To expose and interest the veterinarians of the future in a career in animal sheltering

• To build a firm foundation in recognizing the problems and challenges associated with veterinarians and animal welfare issues

• To give first hand exposure to the impact of the pet population problem

• To help bridge the gap that frequently exists between the humane movement and private, organized veterinary medicine

In order to accomplish these goals the student will have an opportunity to work with the following departments at the ASPCA:

Henry Bergh Memorial Hospital Behavior Center
Animal Placement Shelter Outreach
Humane Education Mobile Spay Neuter Van

In addition, opportunities will be provided for the student to visit other local sheltering agencies, such as the New York City animal control facility, NYACC.

For further information, please contact Dr. Jennifer Lander at (212) 876-7700, ext. 4165, or e-mail at jenniferl@aspca.org.
ASPCA SHELTER MEDICINE EXTERNSHIP APPLICATION

PLEASE TYPE OR PRINT LEGIBLY

Submit to Dr Jennifer Lander, ASPCA, 424 East 92nd St. New York, NY 10128 or jenniferl@aspca.org (email is preferable)

Personal information

NAME ___________________________________________

ADDRESS _______________________________________

_________________________________________

TELEPHONE ___________________ FAX NUMBER _______________________

E-MAIL ________________________

Contact information during externship:

Dates ___________________

Address _______________________

___________________________________

Telephone/Fax/E-mail ___________________________

DO YOU HAVE LIABILITY AND HEALTH CARE INSURANCE? ____________

DESIRED DATES FOR EXTERNSHIP ________________________________

EDUCATIONAL BACKGROUND

Undergraduate and graduate education:

<table>
<thead>
<tr>
<th>Institution(s) attended:</th>
<th>Dates attended</th>
<th>Major</th>
<th>Degree</th>
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Veterinary education:

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<tr>
<th>Institution</th>
<th>Dates attended</th>
<th>Specialty Interest</th>
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Other educational courses, seminars, etc. related to veterinary medicine, shelters or animal welfare issues
(Please give a brief description of the program and the dates it was given)
1. __________________________________________________________________________
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WORK EXPERIENCE

Please give a brief description of your work experience

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<tr>
<th>Employer</th>
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OTHER

Please list any other work or volunteer experiences that relate to veterinary medicine or any other animal welfare activities

1. __________________________________________________________________________
2. __________________________________________________________________________
3. __________________________________________________________________________

Please give a brief explanation of your interest in animal sheltering, and what you hope to gain from this externship. Include in your comments any special areas of interest.

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