

Practice-Based Equine Clerkship

Department of Large Animal Clinical Sciences

Student Profile



NAME:	UFID:	CURRENT DATE:
MAIDEN NAME (IF APPLICABLE):		
STREET ADDRESS:		
CITY/STATE /ZIP:	PHONE:	
EMAIL ADDRESS:		

IN CASE OF EMERGENCY

NAME:	RELATIONSHIP (i.e. Parent, Spouse):
PHONE:	

Please provide background about your previous equine/large animal experience (check all that apply)

- I have limited equine experience
- I have moderate equine experience
- I have moderate to extensive equine experience

Use this space to provide additional information including career goals, interests and anything else that may be useful for the Program Coordinator to know when matching you to a Practice.

Is there any area in the state where housing would be provided to you at no cost? Please Note: This does not guarantee you being placed in this area. If yes, please provide specific locations.

If you have any specific considerations that the Course Coordinator needs to be aware of (medical or otherwise) when matching you with a Practice for the Clerkship please detail below. Information below the dotted line will NOT be shared with participating practices.