



1258 Banks Mill Road  
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## Extern Application

Full Name (First, Middle, Last): \_\_\_\_\_  
Preferred Externship Dates: \_\_\_\_\_  
Would you like housing at the clinic or find your own housing?

### Present Address:

Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

### Permanent Address:

Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_

### PreVeterinary Medical Education:

College(s) Attended Dates Degree  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Veterinary College:

Date of Graduation: \_\_\_\_\_  
Are/were you a national AAEP student member? \_\_\_\_\_  
Academic Honors/Clubs: \_\_\_\_\_

### Previous Employment:

Company/Practice Dates Supervisor/Employer (Name and phone)  
\_\_\_\_\_  
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References: (2)

Name: Address: Contact Number:

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Name: Address: Contact Number:

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Extra-Curricular Activities and Interests:

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Publications, Research or Other Pertinent Experience:

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Applicant Signature: