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Externship Questionnaire

Name _____ Date _____

Name of School _____ Year of Graduation _____

Area or Concentration or Track (if applicable) _____

Email Address _____

Requested Dates _____

What are your primary areas of interest in the field of veterinary medicine? Please circle all that apply.

- | | | | |
|---------------------------------|-------------------|---------------------------------|---------------|
| Food Animal/ Equine
mixed | Dentistry | Reproduction and
Neonatology | Radiology |
| Mixed Large and Small
Animal | Equine Only | Sport Horse
Medicine | Ophthalmology |
| Lameness | Small Animal Only | Small Animal/
Equine Mixed | Surgery |

What type of experience do you have handling or treating horses? Please circle all that apply.

- | | | | |
|--|-------------------------------------|---|--|
| I own and ride horses | Competitive hunter/
jumper rider | Ride for fun, no formal
riding instruction | Work as a veterinary
technician |
| Family operates a horse
farm | Competitive dressage
rider | 4-H | Work as a groom |
| Family owns an agricultural
farm and has a few horses | Competitive Eventing
rider | Pony Club | Work in a stable perform-
ing general barn duties |

What attracted you to the externship opportunity at Old Dominion Equine Associates?

Tell us about you! Do you have any hobbies or extracurricular activities?
