

Cornell University Veterinary Specialists

ADVANCED CARE + 24-HOUR EMERGENCY

CUVS Summer Program Application

*Please complete this form and return by fax to (203) 595-2776, email to hr@cuvs.org
Or mail to 880 Canal Street, Stamford, CT 06902*

Name: _____ Date of application: _____

Home Address: _____

Email: _____

City: _____ State: _____ Zip Code: _____

Primary Phone Number: _____ Date of Birth: _____

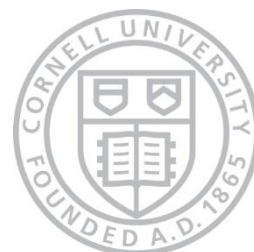
Emergency Contact and Phone Number: _____

2nd Emergency Contact and Phone Number: _____

Name of School that You Currently Attend: _____

What do you hope to gain from your participation in our summer program? Do you have any special interests within veterinary medicine?

Why are you interested in veterinary medicine? What type of career do you hope to pursue?



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Describe any prior animal-related or medicine-related experience (not required)?

Are there any types of pets around which you might be uncomfortable working?

Are there any medical conditions or concerns that we should be aware of?

How did you hear about this opportunity?

Will you require financial aid? If so, please briefly state your circumstances.

