



**EXTERN INFORMATION SHEET  
MID-ATLANTIC EQUINE MEDICAL CENTER**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

School: \_\_\_\_\_ Year of study: \_\_\_\_\_

Dates of Externship: \_\_\_\_\_

**Contact info:**

Home phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email address: \_\_\_\_\_

**Emergency Contact (Please List 2)**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Do you need transport to and from the airport? Yes: \_\_\_\_\_ No: \_\_\_\_\_

*If yes, please provide all flight info in separate email*

Will you be staying at the hospital? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Any special needs or requirements we should be aware of (such as medical conditions or allergies)?

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Please briefly describe your horse experience and future veterinary plans:

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Please forward a **digital photograph** of yourself so that we can prepare a notice to be posted in our employee kitchen upon your arrival, along with the above information sheet. Please send these to [externships@midatlanticequine.com](mailto:externships@midatlanticequine.com) or MAEMC P.O. Box 188 Ringoes, NJ 08551