



**APPLICATION FOR EXTERNSHIP---PET POISON HELPLINE**

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

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

Current Mailing Address \_\_\_\_\_  
\_\_\_\_\_

Phone #: \_\_\_\_\_ (cell) \_\_\_\_\_ (other)

Email Address: \_\_\_\_\_

School attending: \_\_\_\_\_

School Phone #: \_\_\_\_\_

School Fax #: \_\_\_\_\_

I will require a grade be issued: \_\_\_\_\_ YES \_\_\_\_\_ NO

If "yes", please supply the name and mailing address or email address of recipient:

\_\_\_\_\_  
\_\_\_\_\_

My core clinical rotations at my home institution will be completed by \_\_\_\_\_

I will graduate \_\_\_\_\_ (month/year)

Desired dates of externship \_\_\_\_\_

Externship requested for Academic Year (circle): **2017 / 2018** **2018/2019** **2019/2020**

Return to: Sarah Alpert, DVM  
Pet Poison Helpline, a division of SafetyCall International  
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