

Quakertown Veterinary Clinic, PC.

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D. M. Burnside, V.M.D.
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Extern Confirmation and Consent Form

Name: _____

Address: _____

Phone: _____ email address: _____

School: _____ Graduation date: Month _____ Year _____

Dates Externing at QVC: / - / Year:

Interest: Companion Animal _____ Food Animal _____ Equine _____ Mix _____ Exotics _____

Travel Arrangements: auto _____ air* _____ other (specify) _____

*If by air, will you need to be picked up at the airport? _____

If so, please give the following information ASAP:

Airport: _____

Arrival flight #: _____ Time: _____

Living Arrangements: QVC Apt. _____ Other arrangements: _____

All externs will receive \$50.00/wk for reimbursement of living expenses while at QVC. These monies are not meant to be, nor do they imply, any employment arrangement between said extern and QVC. Hence, externs will not be eligible to receive workmen's compensation in the event of a work-related injury that may occur while externing at QVC.

Does your school cover you for liability while doing externships? Yes _____ No _____

If yes: send proof of coverage

If no: QVC will buy coverage for you, we will be sending a form for you to fill out and send back to us.

All externs are required to provide adequate health insurance for themselves in case of any injury that may occur during their externship at QVC. Please provide proof of health insurance that identifies your carrier and the expiration date of your policy. Enclose a photocopy of any document or card providing this information for our records.

I have read and understand the above information.

Signature

Date