

Quakertown Veterinary Clinic  
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D. C. Streams D.V.M.  
S. J. Geller V.M.D.  
R.S. Bimes D.V.M.

Extern Confirmation and Consent Form

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
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? Yes \_\_\_/No \_\_\_

If so, please give the following information, or forward it ASAP:

Airport \_\_\_\_\_

Arrival flight #: \_\_\_\_\_ Time: \_\_\_\_\_

Living arrangements: QVC Bedroom \_\_\_\_\_ Other arrangements: \_\_\_\_\_

All externs will receive \$50.00/wk for reimbursement of living expensed 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: Please send proof of coverage.

If no: QVC will buy coverage for you, see enclosed form, please complete it and send back to us.

All externs are required to provide adequate health insurance for themselves in case of an 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