



WHEAT RIDGE
ANIMAL HOSPITAL

Veterinary Student Externship Program

10140 W 44th Ave · Wheat Ridge, CO 80033 · 303-424-3325 · www.wheatridgeanimal.com

Contact: Externship Coordinator at wrahinternship@ethosvet.com

Name: _____

Phone: _____

Address: _____

Veterinary School: _____

GPA: _____ Class Rank*: _____

Expected Date of Graduation: _____

** Wheat Ridge Animal Hospital requires that students be in the top 50% of their class for consideration for externship.*

*** We only accept students in their final clinical year for externships. If you are a 1st, 2nd, or 3rd year student, not yet in your clinical year, please consider applying in the future.*

1. Please describe your special disciplinary interests and career goals.

2. Please summarize your previous veterinary work experience.

3. Please describe any research experience and/or publications.



4. Please describe extracurricular activities you have participated in while in vet school.

5. Do you know anyone who currently works at Wheat Ridge or has worked at Wheat Ridge in the past that we could contact for a recommendation?

6. Please list a veterinary mentor we could contact as a recommendation if we have further questions.

Name: _____ Phone: _____

Title/Place of Employment: _____

Address: _____

7. Please enclose a current copy of your CV and indicate dates when you are available for externship in your email.