

# Practice-Based Equine Clerkship

Department of Large Animal Clinical Sciences

## Student Profile



NAME:	UFID:	CURRENT DATE:
MAIDEN NAME (IF APPLICABLE):		
STREET ADDRESS:		
CITY/STATE /ZIP:	PHONE:	
EMAIL ADDRESS:		

### IN CASE OF EMERGENCY

NAME:	RELATIONSHIP (i.e. Parent, Spouse):
PHONE:	

Please provide background about your previous equine/large animal experience (check all that apply)

- I have limited equine experience
- I have moderate equine experience
- I have moderate to extensive equine experience

**Use this space to provide additional information including career goals, interests and anything else that may be useful for the Program Coordinator to know when matching you to a Practice.**

Is there any area in the state where housing would be provided to you at no cost? Please Note: This does not guarantee you being placed in this area. If yes, please provide specific locations.

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*If you have any specific considerations that the Course Coordinator needs to be aware of (medical or otherwise) when matching you with a Practice for the Clerkship please detail below. Information below the dotted line will NOT be shared with participating practices.*