



**Application Form – 3 months program**

**Name and address of candidate:**

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_ I.D./Passport No: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

**Name and address of person to contact in case of emergency:**

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

Relationship to the candidate: \_\_\_\_\_

**Requested rotations**

**Rotation**

- Small animal internal medicine
- Small animal surgery
- Small animal intensive care and emergency
- Equine Medicine
- Anesthesiology
- Oncology
- Cardiology
- Neurology
- Ophthalmology
- Radiology
- Exotic animals
- Dermatology

**Dates**

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**Requested starting date :** \_\_\_\_\_ **Requested day of the week:** \_\_\_\_\_

**Declaration:**

I hereby declare that I have received prophylactic vaccination against rabies and have acquired insurance that will cover me in the event of accident or injury. I will not have any claims against the veterinary hospital.

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