



96 Warn Ave
Pine Bush, NY 12566
PHONE: 845-361-4917
FAX: 845-361-1797

Pine Bush Equine Services Externship Agreement

Full Name _____

Email _____

Phone _____

Emergency Contact Person _____

Emergency Contact Number _____

Veterinary School _____

Graduation Year _____

Requested dates of participation --2 weeks (first choice)

2 weeks (second choice)

Please attach a recent Photo.

Please read and sign the Externship Agreement below.

When you arrive at Pine Bush Equine Services, please check in at the office. If you are arriving outside of normal business hours (Mon-Fri 8a-5p) please contact us by calling 845-361-4917

and leaving a message on the emergency line. Any changes or updates to your schedule should be emailed to Dr. Beth Ross at bethross@pinebushequine.com.

To optimize your experience, a list of expectations and responsibilities are outlined below.

Externship Experience

We strive to provide the best externship possible. Your experience is completely dependent on your desire. A master schedule of appointments and procedures is available on our computer system. Please see the receptionist for the next day's schedule. If there is something that you wish to observe, please let the receptionist know and we will try to accommodate your wishes.

Externs are expected to help assist the interns and veterinarians daily and nightly for hospital inpatients. You will also be expected to assist with emergency cases. You may be asked to assist a veterinarian during farm calls as well.

Security

There is a 'no pet' policy for extern housing.

If you wish to give a tour of the premises to a guest, please let the Office Manager know.

Rooms

Housing will be provided. If housing is available at the clinic, you will be given access to the room there. If this room is already occupied, accommodations will be made at a nearby facility.

Ethics

All externs will be held to the "Principles of Veterinary Medical Ethics of the AVMA" as well as the high ethical standard which is practiced Pine Bush Equine Services. Pine Bush Equine Services reserves the right to communicate any violation of ethics (written or unwritten) or any violation of New York State Law with the appropriate authority governing externships at your veterinary school. We expect you to report any ethical violation by fellow externs, staff or clients which might be observed while you are at Pine Bush Equine Services.

Alcohol and tobacco products are prohibited in the student housing and hospital at Pine Bush Equine Services. The entire facility is a non-smoking facility.

Special Needs

Please advise Dr. Beth Ross if you have any special needs prior to your visit to Pine Bush Equine Services. We will accommodate any special needs to the best of our ability. Due to the inherent danger of our patients there may be some special needs which cannot be accommodated to ensure the safety of the extern, staff and patient. If you are pregnant or have any medical condition which may require that you not participate in certain procedures such as radiography or nuclear scintigraphy, you are required to notify the staff so that precautions are taken to safeguard your health.

Liability Insurance

Prior to your externship you are required to complete an application for Veterinary Professional Liability Student Coverage Endorsement. This form is available from the AVMA PLIT. This needs to be done and submitted prior to your arrival. This can be emailed to bethross@pinebushequine.com This certificate of endorsement is required to be on file prior to your visit or you will not be allowed contact with patients and you will only be allowed to observe the doctors. Please attach a copy of this document as proof of insurance.

Disclaimer

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Agreement

I acknowledge that I have read, understand and agree to the above listed conditions outlined in "Pine Bush Equine Services and Veterinary Hospital Externship Agreement." I promise to adhere to these conditions and give my consent to Pine Bush Equine Services to provide feedback on my externship to my college of Veterinary Medicine.

Signature _____

Date _____