

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 of yourself.

Please read and sign the Externship Agreement on the following pages.

When you arrive at Pine Bush Equine Services, please check in at the office. If you are arriving outside of normal business hours (Monday through Friday, 8am-5pm), please contact Dr. Sarah Lundquist at lundquist@pinebushequine.com or Dr. Beth Ross at bethross@pinebushequine.com. You may also call the hospital at 845-361-4917 so we can be sure you can enter the hospital.

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 (Lori) 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 or Dr. Sarah Lundquist 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 to Lori (practice manager) prior to your arrival. 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

UNDER NEW YORK LAW, AN EQUINE PROFESSIONAL OR EQUINE ACTIVITY SPONSOR IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES, PURSUANT TO SECTION 18-304 OF THE GENERAL OBLIGATIONS LAW .

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 _____