

1125 EASTERWOOD DRIVE * TALLAHASSEE, FLORIDA 32311 PHONE (850)891-2950 * FAX (850)891-2977 * TALGOV.COM/ANIMALS TUES-FRI 10:30-6:30 * SAT 10:00-5:00 * SUN 1:00-5:00 * CLOSED MONDAY

VETERINARY STUDENT EXTENSHIP PROGRAM

Externship Description: The primary purpose of the externship is to expose veterinary students to the many aspects of shelter medicine. Major objectives are to acquaint veterinary students with:

- Disease prevention and control principles for animal shelter populations
- The interaction of public policy and domestic animal health
- High volume spay/neuter practices

The Tallahassee Animal Service Center (ASC) is a regional animal shelter owned by the City of Tallahassee ,which serves the surrounding community. Our facility is an open-admission facility and take in approximately 6,000 animals annually. The veterinary team (two full-time veterinarians, two full-time veterinary technicians, and one part-time veterinary technician) deals with the issues of overpopulation, stray and abandoned animals, population medicine (over 200 animals on-site daily), and animal neglect on a daily basis. The staff veterinarians and veterinary technicians



assess and treat all sick and injured animals that enter the facility. In addition to the urgent and emergent medical care provided to the animals, the veterinary team is responsible for surgical sterilization of all adoptable animals. The Animal Care Specialists assess all animals to determine if they are suitable for adoption and/or foster placement. If an animal is selected for adoption or foster, the animal is tested for heartworm (dogs) or FeLV/FIV (cats), vaccinated, dewormed and scheduled for surgical sterilization. Surgery is generally performed 6 days a week, depending on the number of animals needing surgery.



Externs will be involved in daily medical and behavioral rounds, diagnostics, treatment and surgery, behavioral evaluations, shelter policy and procedure development, and community outreach activities as they arise during the time of the externship. Due to the nature of shelter medicine, the exact activities will vary by season and ongoing activities; however, approximately 50% of the extern's time will be spent in surgery assisting and/or performing routine spays and neuters. We work closely with the City of Tallahassee Animal Control and the Leon County Animal Control. Student externs will have the option of spending time in the field with Animal Control Officers.

Length of the externship is flexible, between 2 and 12 weeks. Externs are expected to work 40 hours per week with the Veterinary Team. Our externs' normal work schedule is 8:30 a.m. to 5:30 p.m. (with a one-hour lunch break), Monday through Friday. Typically externs will have their

weekends free to sight-see and relax; however, weekend hours may be scheduled to assist with fund-raising,

community service and humane education projects. Professional attire is expected when involved in community outreach, and scrubs should be worn for all other activities. Comfortable, close-toed shoes are a must.

Housing is typically not provided. However, with enough notice, we may be able to arrange housing with one of our staff members.





Eligibility for the Externship: Third- and fourth-year veterinary students in good academic standing from an accredited college of veterinary medicine are eligible for the externship. At present, it is difficult to accommodate more than 2 persons simultaneously unless prior arrangements have been made. Students with the best qualifications, as demonstrated by resume and academic standing, will be chosen for a given time period.

How to Apply: Students should apply by letter or email to the director of the externship program. When applying, include a completed application, a letter of intent and a resume/curriculum vitae. The applicant also should have a letter sent from the academic dean at his/her college indicating the student will be enrolled in an accredited veterinary program at the time of the externship. Externship programs should be arranged at least 2 months in advance of the starting date. Each participant must have his/her own health insurance and liability insurance. Student policies may be obtained through the

AVMA PLIT for a small fee.

Evaluation of the Extern: Formal tests will not be given. The director of the externship, in consultation with the veterinary team and other ASC staff, will evaluate the extern in the format provided by the veterinary college of origin. Strong consideration will be given to work participation, demonstration of academic capability, development of new knowledge, skills, and abilities, and on the ability of the student to project a professional image.

For questions on enrollment, or to receive an application packet, please contact the program director:

Rachel Barton, DVM Tallahassee Animal Service Center 1125 Easterwood Drive Tallahassee, FL 32311 TEL: (850) 891-2980

FAX: (850) 891-2977

e-mail: rachel.barton@talgov.com



1125 EASTERWOOD DRIVE * TALLAHASSEE, FLORIDA 32311 PHONE (850)891-2950 * FAX (850)891-2977 * TALGOV.COM/ANIMALS TUES-FRI 10:30-6:30 * SAT 10:00-5:00 * SUN 1:00-5:00 * CLOSED MONDAY

VETERINARY STUDENT EXTERNSHIP APPLICATION

Thank you for your interest in the Veterinary Student Externship Program at the Tallahassee Animal Service Center. The information on this form will help us determine your suitability for an externship with our organization. Please include a letter of intent and resume/curriculum vitae with your application.

Personal Information					
Name:			Date:		
Home Address:	Apt:	City/State/ZIP:			
Primary Phone:	☐ Cell ☐ Landli	Secondary Phone:	☐ Cell ☐ Landline		
E-mail Address:					
Educational Information					
Veterinary School:		Expected Graduation D	Expected Graduation Date:		
School Address:		City/State/Country:	City/State/Country:		
Undergraduate School:		Graduation Date:	Degree Obtained:		
School Address:		City/State/Country:			
Applicant Questions		L			
Preferred Dates of Externship:					
How did you hear about our prog	ram?				
What is your primary reason for a Gain Surgical Experience Interest in Sh		_	er □ Other:		
What is your major area of interest			ei _ Other.		
Small Animal Food Animal Equine	Exotic Lab Anim	al 🗌 Other:			
What do you anticipate will be yo	ur biggest challen _เ	ge if you are accepted into ou	externship program?		
Briefly describe your career goals	in veterinary med	icine.			

Describe any special skills or training you have	ve that make you a good candidate fo	r our program.
Describe your experience, if any, with anima	il shelters, shelter medicine, or anima	l welfare.
Define No-Kill and briefly describe how you	helieve this applies to an open-admiss	sion animal shelter
beine to kin and briefly describe now your	selieve this applies to all open damis	non animal shereer.
Criminal History Information		
In accordance with City of Tallahassee policy, a		
answers to the questions below do not accura further consideration for the externship program		al history, you may be eliminated from
If you are not sure or do not remember what h		ne appropriate county, state, or federal
agency so that you can report accurate infor	mation on your criminal history. A "	Yes" answer to any question will not
automatically bar you from participation in the	externship. The nature, severity and d	ate of the offense(s) in relation to the
duties of the externship are considered.		
1. Have you ever been convicted of a felony or a	1st degree misdemeanor? Yes No	
2. Have you ever had the adjudication of guilt wi		<u> </u>
	we questions and have a conviction or adj arding each and every felony and/or first	
complete the following information reg	arding each and every relong and/or mist	degree misdemeanor.
CHARGE	DATE OF DISPOSITION	COUNTY/STATE
Continue list on another sheet, if necessary	<u> </u>	
I understand that any omissions, falsifications,	The state of the s	
disqualify me for consideration in the Veterina investigated as allowed by law. I consent to the		
and fitness for the Veterinary Externship Progra		
organizations to the City of Tallahassee for purp		
during my externship if I am selected. I under		
records, except as noted above. I certify to the lon any attachments are true, correct, complete a		or the statements contained herein and
,		
Signature	Date	