

Spay/Neuter Externship Information Form for Participating Shelters

Organization

Name of Agency: _____ Date Completed: _____

Physical Address: _____ City: _____ State: _____ Zip: _____

County: _____ Agency Phone: _____ Agency Fax: _____

Website: _____

Executive Director/CEO/Administrator

Name: _____ Title/Position: _____

Telephone: _____ E-Mail Address: _____

Supervising Veterinarian

Name: _____ Title/Position: _____

Telephone: _____ E-Mail Address: _____

Organization Information

How would you characterize the organization? Please select all that apply.

- | | |
|-----------------------------------------------------------------------|----------------------------------------------------------------------------|
| <input type="checkbox"/> Open admission/traditional shelter | <input type="checkbox"/> Municipal agency |
| <input type="checkbox"/> Limited admission/adoption guarantee shelter | <input type="checkbox"/> Private nonprofit agency |
| <input type="checkbox"/> Animal sanctuary | <input type="checkbox"/> Private nonprofit agency with government contract |
| <input type="checkbox"/> Spay/neuter clinic | <input type="checkbox"/> Other (please describe): _____ |

How many animals did the organization admit (shelter) last year, if applicable?

- | | |
|----------------------------------------|--------------------------------------|
| <input type="checkbox"/> >20,000 | <input type="checkbox"/> 1,000-4,999 |
| <input type="checkbox"/> 10,000-19,900 | <input type="checkbox"/> 500-999 |
| <input type="checkbox"/> 5,000-9,999 | <input type="checkbox"/> <500 |

How many animals did the organization perform surgery on last year?

- | | |
|----------------------------------------|--------------------------------------|
| <input type="checkbox"/> >13,000 | <input type="checkbox"/> 4,000-6,999 |
| <input type="checkbox"/> 10,000-12,999 | <input type="checkbox"/> 1,000-3,999 |
| <input type="checkbox"/> 7,000-9,999 | <input type="checkbox"/> <1000 |

Externship Information

Please provide an overview of the externship including a brief description of the externship objectives, agency, average number and type of animals cared for, types of surgery performed, description of facility, and responsibilities and experiences of the extern.

Proposed externship duration:

- 2 weeks
 4 weeks
 Other: _____

Is student housing provided?

- Yes
 No

Is a student stipend provided?

- Yes, amount: \$ _____
 No

Please list any prerequisites for an externship at your organization.

Insurance required:

How to apply (method, point of contact, etc.):

How many veterinarians will the extern work with?

- _____ Full-time _____ Paid Staff _____ Volunteer
_____ Part-time _____ Paid Contractor

Do any of these veterinarians hold specialty board certification?

- No
 Yes: _____

The goal of a spay/neuter externship is to provide the veterinary student with a robust training experience in high-quality, high-volume spay/neuter surgery and other surgeries commonly performed in shelters and spay/neuter clinics. **Please fill in the attached blank calendar with a sample schedule that an extern would expect to follow at your agency.** A sample week's schedule has been provided. This is a tool only and is not considered a binding schedule.

To categorize subject areas, please reference the following list.

Spay/Neuter Surgery Minimum 40 hours of 80-hour externship
For example: Shelter animal spay/neuter and other surgical procedures. Time can exceed 40 hours if other minimum requirements are met.

Technical Skills Minimum 16 hours of 80-hour externship
For example: IV catheter placement, tracheal intubation, surgical preparation, animal handling, etc.

Medical Skills Up to 24 hours of 80-hour externship
For example: Rounds, treatments, exams, forensic cases, population management, infectious disease control, preventive health care, etc.

Upon submission of this application to Maddie's Shelter Medicine Program, I give permission for a Student Services Coordinator to submit an [application](#) on my behalf to the UF CVM Office for Students and Instruction, in order to complete the externship approval process.

Please submit the completed forms and any additional documentation to:

Maddie's® Shelter Medicine Program
University of Florida
College of Veterinary Medicine
2015 SW 16th Avenue 100126
Gainesville, FL 32610
sheltermedicine@vetmed.ufl.edu



This schedule serves as an example. Please fill in blank schedule on the following page to represent what a student might expect during a typical week at your externship.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday		
7:00						Optional Day	7:00	
8:00	Pre-surgery Exams	Pre-surgery Exams	Pre-surgery Exams	Pre-surgery Exams	Pre-surgery Exams		8:00	
9:00	Pre-surgery Exams	Pre-surgery Exams	Pre-surgery Exams	Pre-surgery Exams	Pre-surgery Exams		9:00	
10:00	Surgical Prep/Inductions	Surgical Prep/Inductions	Surgery	Surgery	Surgery		10:00	
11:00	Surgical Prep/Inductions	Surgical Prep/Inductions	Surgery	Surgery	Surgery		11:00	
12:00	Surgical Prep/Inductions	Surgical Prep/Inductions	Surgery	Surgery	Surgery		12:00	
1:00	Lunch	Lunch	Lunch	Lunch	Lunch		1:00	
2:00	Surgery	Surgery	Surgery	Surgery	Surgery		2:00	
3:00	Surgery	Surgery	Surgery	Surgery	Surgery		3:00	
4:00	Surgery	Surgery	Surgery	Surgery	Surgery		4:00	
5:00	Surgery	Surgery	Surgery	Surgery	Surgery		5:00	
6:00							6:00	
	Subject Area	Subject Area	Subject Area	Subject Area	Subject Area	Subject Area	Subject	
	4 Surgery	4 Surgery	7 Surgery	7 Surgery	7 Surgery	Surgery	29	
	3 Technical Skills	3 Technical Skills	Technical Skills	Technical Skills	Technical Skills	Technical Skills	6	
	2 Medicine	2 Medicine	2 Medicine	2 Medicine	2 Medicine	Medicine	10	
	Community	Community	Community	Community	Community	Community	0	
	Behavior	Behavior	Behavior	Behavior	Behavior	Behavior	0	
	Other	Other	Other	Other	Other	Other	0	
							Total Hours:	45

Agency: _____

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
7:00							7:00
8:00							8:00
9:00							9:00
10:00							10:00
11:00							11:00
12:00							12:00
1:00							1:00
2:00							2:00
3:00							3:00
4:00							4:00
5:00							5:00
6:00							6:00
	Subject Area	Subject Area	Subject Area	Subject Area	Subject Area	Subject Area	Subject
	Surgery	Surgery	Surgery	Surgery	Surgery	Surgery	
	Technical Skills	Technical Skills	Technical Skills	Technical Skills	Technical Skills	Technical Skills	
	Medicine	Medicine	Medicine	Medicine	Medicine	Medicine	
	Community	Community	Community	Community	Community	Community	
	Behavior	Behavior	Behavior	Behavior	Behavior	Behavior	
	Other	Other	Other	Other	Other	Other	
							Total Hours: