

**Shelter Medicine 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?

- |  |                                      |
|--|--------------------------------------|
| <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        |

**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, 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 shelter medicine externship is to provide the veterinary student with a robust training experience in shelter medicine accompanied by exposure to the critical aspects of animal sheltering. **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.

Shelter Medicine    Minimum 40 hours of 80-hour externship  
*For example: Rounds, treatments, exams, forensic cases, population management, infectious disease control, preventive health care, etc.*

Sheltering Operations    Minimum 20 hours of 80-hour externship  
*For example: Working with administration/management, cleaning and disinfection, animal control officer ride-alongs, working at the shelter intake area or in adoptions, etc.*

Shelter Animal Surgery    Up to 16 hours of 80-hour externship  
*For example: Shelter animal spay/neuter and other surgical procedures. Time can exceed 16 hours if other minimum requirements are met.*

Shelter Animal Behavior    Up to 12 hours of 80-hour externship  
*For example: Wellness and environmental enrichment, behavior assessment, behavior modification.*

Community Medicine & Surgery    Optional  
*For example: Public-owned animal spay/neuter, vaccinations, wellness, 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 16<sup>th</sup> 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	Shelter Rounds	Shelter Rounds	Shelter Rounds	Shelter Rounds	Shelter Rounds		8:00						
9:00	Exams & Treatments	Spay/Neuter	Exams & Treatments	Staff Parvo Training	Exams & Treatments		9:00						
10:00	Exams & Treatments	Spay/Neuter	Exams & Treatments	ACO Ride-Along	Exams & Treatments	Rabies Clinic (Optional)	10:00						
11:00	Exams & Treatments	Spay/Neuter	Exams & Treatments	ACO Ride-Along	Exams & Treatments	Rabies Clinic (Optional)	11:00						
12:00	Foster Treatments	Spay/Neuter	Foster Treatments	ACO Ride-Along	Foster Treatments	Rabies Clinic (Optional)	12:00						
1:00	Foster Treatments	Forensics Exams	Foster Treatments	ACO Ride-Along	Foster Treatments		1:00						
2:00	Behavior Assessment/Enrichment	Forensics Exams	Foster Treatments	Shelter Intake	Adoptions		2:00						
3:00	Behavior Assessment/Enrichment	Forensics Reports	Monthly Stats Review	Shelter Intake	Adoptions		3:00						
4:00	Behavior Assessment/Enrichment	Forensics Reports	Monthly Stats Review	Meet with Shelter Admin/Management	Adoptions		4:00						
5:00							5:00						
6:00							6:00						
	<i>Subject Area</i>		<i>Subject Area</i>		<i>Subject Area</i>		<i>Subject Area</i>		<i>Subject Area</i>		<i>Subject Area</i>		<i>Subject</i>
	6	Medicine	5	Medicine	7	Medicine	2	Medicine	6	Medicine		Medicine	26
		Sheltering		Sheltering	2	Sheltering	7	Sheltering	3	Sheltering		Sheltering	12
		Shelter Surgery	4	Shelter Surgery		Shelter Surgery		Shelter Surgery		Shelter Surgery		Shelter Surgery	4
		Community		Community		Community		Community		Community	3	Community	3
	3	Behavior		Behavior		Behavior		Behavior		Behavior		Behavior	3
		Other		Other		Other		Other		Other		Other	0
													<b>Total Hours:</b> 48

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
	<b>Subject Area</b>	<b>Subject Area</b>	<b>Subject Area</b>	<b>Subject Area</b>	<b>Subject Area</b>	<b>Subject Area</b>	<b>Subject</b>
	Medicine	Medicine	Medicine	Medicine	Medicine	Medicine	
	Sheltering	Sheltering	Sheltering	Sheltering	Sheltering	Sheltering	
	Shelter Surgery	Shelter Surgery	Shelter Surgery	Shelter Surgery	Shelter Surgery	Shelter Surgery	
	Community	Community	Community	Community	Community	Community	
	Behavior	Behavior	Behavior	Behavior	Behavior	Behavior	
	Other	Other	Other	Other	Other	Other	
							<b>Total Hours:</b>