

## 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 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	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	
	<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>	
	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	
							<b>Total Hours:</b>	<b>45</b>

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>
	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	
							<b>Total Hours:</b>