

Wisconsin Valley Veterinary Service



1605 Bovine Lane
Wausau, WI 54401
Phone: 715-675-9402
Fax: 715-675-9405
www.WisconsinValleyVet.net

Internship/Externship Release Form & Confidentiality Agreement

Name:

DOB:

Home Address:

City:

State:

Zip:

Phone:

Email:

Dress code and Behavior

It is our desire that your time at our facility is educational and enjoyable. As an intern/job shadow you will be representing Wisconsin Valley Veterinary Service through interactions with patients, and clients, and you are expected to present yourself in a professional manor. Profanity or inappropriate conversations are not allowed. We expect all interns/job shadows to wear appropriate clothing for the job in which you will be doing that day. Interns should wear scrubs while doing in-clinic rotations, and barn appropriate attire for country work. Job shadows can wear casual dress (jeans without holes/patches, khakis, non-revealing shirts, no shirts with inappropriate writing). Interns/job shadows are not allowed to wear shorts, skirts, shirts that show mid drift, or tank tops. Open toed shoes are also not allowed. Please dress smart, pay attention to the weather for that day and dress accordingly.

Medical Information

Emergency Contact:

Relationship:

Phone:

Medication(s)/Allergies/Conditions:

Medical Release

I, the undersigned (or parent/guardian), understand the nature of Wisconsin Valley Veterinary Service's Internship/Job Shadow program and the activities involved, and state that the individual named on this form is in adequate health to perform, participate or observe the activities carried out in this program. I do ensure and guarantee to hold harmless Wisconsin Valley Veterinary Service, its staff, agents and representative from any responsibility for liability whatsoever resulting from the individuals actions, activities or injury.

Signature (student) _____

Printed Name _____

Date _____

Confidentiality Agreement

I, the undersigned (or parent/guardian), acknowledge that as a result of my association with Wisconsin Valley Veterinary Service, may have access to confidential information of the practice, including patient identifiable protected health information. I will hold confidential all patient and practice information obtained and will not disclose any personal, medical related information, or any other confidential information to third parties during and after my time with Wisconsin Valley Veterinary Service. I am committed to protecting and safeguarding from any oral and written disclosure all confidential patient practice information of which I became aware.

Signature _____

Printed Name _____

Date _____

Start date: _____

Hours/Week _____

End date: _____

Length of Internship/Externship: _____

Vacation/Days needed off: _____

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time						
End Time						

Normal office hours are Monday-Friday 7am-5pm and Saturday 8am-12pm. You are responsible for your own hours and making sure you have enough to complete your schools requirements. Please note that there may be some days when you could be here later than 5pm (especially when out in country) due to emergencies.

Signature (student): _____ Date: _____

Signature (supervisor): _____ Date: _____