

# *Wisconsin Valley Veterinary Service*



1605 Bovine Lane  
Wausau, WI 54401  
Phone: 715-675-9402  
Fax: 715-675-9405  
[www.WisconsinValleyVet.net](http://www.WisconsinValleyVet.net)

## **Job Shadow 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) \_\_\_\_\_

Signature (*Parent/Guardian if under 18*) \_\_\_\_\_

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 (student) \_\_\_\_\_

Signature (*Parent/Guardian if under 18*) \_\_\_\_\_

Printed Name \_\_\_\_\_

Date \_\_\_\_\_