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Contact Person: Paige Deason

Please email form and Student photo of yourself when completed
Extern Request Form For Veterinary and Technician Students

Date: _____

Name: _____

Cell Phone Number: _____ Email Address _____

Current Address: _____

Emergency Contact: _____

Emergency Contact Number: _____

Veterinary/Technician School Attending: _____

Veterinary Student: 1st yr _____ 2nd yr _____ 3rd yr _____ 4th yr _____ Applying to Vet School _____

Veterinary Technician: 1st yr _____ 2nd yr _____ Applying to Tech School _____

School Contact Name & Number: _____

Do you have a Name/Photo I.D Badge for School: _____

Do you request the Free housing option: Yes _____ No _____

Dates Requested: _____

How did you hear about our Externship Program? _____

Comments/Questions: _____
