



Application: Oregon Zoo Preceptor Program for Senior Veterinary Students

Name: _____
Veterinary school: _____ Year of graduation: _____
Current home phone number: _____
Current home address: _____
Senior year home phone number: _____
Senior year home address: _____
Preferred dates of preceptorship block (26 to 40 days total): _____
Areas of interest in veterinary medicine: _____
Specific goals you would like to accomplish during your veterinary preceptorship at the Oregon Zoo: _____
Why are you interested in a clinical preceptorship at the Oregon Zoo? _____
Any other information you would like to tell us about you? _____

Please list three persons (references) whom we may contact to discuss your application, at least two of which are veterinarians:

- 1) Name: _____
Position: _____
Phone: _____
- 2) Name: _____
Position: _____
Phone: _____
- 3) Name: _____
Position: _____
Phone: _____

Please mail or fax this completed form with a copy of your current resume or curriculum vitae to Dr. Lisa Harrenstien, Oregon Zoo Veterinary Hospital, 4001 SW Canyon Road, Portland, OR 97221, U.S.A. **We should receive your application and resume prior to November 30th of your junior year.** You will be notified regarding acceptance into the program (and the starting date of your preceptorship) by December 31. If your application is approved, we will send you an orientation packet of information regarding your preceptorship and the Oregon Zoo.