



Job Shadow Application

Name: _____ Date of Birth: _____

Address: _____

Phone Numbers: _____

Email Address: _____

1) If currently a high school or college student, where do you attend?

2) When do you expect to graduate? _____

3) Are you or your family members clients of Thumb Veterinary Services? Circle: Yes / No

4) Why are you applying with us? _____

5) What are your goals for this experience?

6) Please explain any paperwork for school, a project, a program, etc. that may be required that you would ask the doctor to complete and sign:

7) What type of job shadow would you like to do? Circle one: Small animal / Large animal / Whichever one is available

8) Please state the days of the week you are available and/or dates you are available. If providing dates, please give at least 3 dates over a period of time: _____

9) Please include a copy of your resume with this application.

Signature: _____

Date: _____

Parent Permission for those under 18: Name of Parent: _____

Signature of Parent: _____ Date: _____