

# ~Application~

## TIDEWATER VETERINARY HOSPITAL, LLC

### Job Shadow Program (Intern without Pay)

We are happy that you are considering a career in veterinary care. As an intern without pay, you will not gain hands-on experience, but you will have an opportunity to learn by observation and discussions. You are welcome to ask questions of the doctors and staff, but conversations with clients should be kept to polite introductions and minimal conversation. This opportunity may or may not include riding with doctors to farm calls, and observing emergencies, surgeries, and vaccinations. Please introduce yourself to the staff and remain with the doctor assigned at all times. However, if you are uncomfortable with any procedure, please feel free to excuse yourself. Wear appropriate clothing and protective footwear. Enjoy your time, be courteous and safe!

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Local Address: \_\_\_\_\_

Phone Numbers: \_\_\_\_\_

Email Address: \_\_\_\_\_

If currently a high school or college student, where do you attend?  
\_\_\_\_\_

When do you expect to graduate? \_\_\_\_\_

Are you or your family members clients of TVH? Yes / No If not, why are you applying with us?  
\_\_\_\_\_

What do you hope to gain from this experience?  
\_\_\_\_\_  
\_\_\_\_\_

Please explain any paperwork required that you would ask the doctor to complete and sign:  
\_\_\_\_\_  
\_\_\_\_\_

Please state the dates you are available: \_\_\_\_\_

Please fill in the times available on the specified days:

Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	

Do you have a preference to shadow any particular doctor? No / Yes, Dr. \_\_\_\_\_

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In Case of Emergency Contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Numbers: \_\_\_\_\_

Please explain any allergies, restrictions, impairments, needs or concerns of which we should be aware:

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Release of Liability

The undersigned acknowledges that all participations in Tidewater Veterinary Hospital Job Shadow Program is a potentially dangerous activity involving RISK OF PERSONAL INJURY, PROPERTY DAMAGE, DEATH. Such risk may increase based upon any changes in number of guests and volunteers, types of projects performed, and weather conditions, etc. in general. In consideration of the Job Shadow Program with Tidewater Veterinary Hospital , LLC, permitting the named volunteer to participate in the Job Shadow Program, I hereby agree as follows:

The undersigned hereby RELEASES AND WAIVES any and all RIGHTS AND CLAIMS of any nature which said undersigned has or may have against Tidewater Veterinary Hospital, LLC and its respective officers, employees, agents, volunteers and representative there of hereinafter referred to as Releases, which is any way arises out of or is related to participation in Tidewater Veterinary Hospital Job Shadow Program.

This includes the Release and Waiver, without limitation for DAMAGE TO PROPERTY, OTHER LOSS OR DAMAGE, or PERSONAL INJURY OR DEATH the undersigned may suffer from any cause whatsoever related to participation in the Tidewater Veterinary Hospital Job Shadow Program. The undersigned assumes FULL RESPONSIBILITY for any and ALL RISK OF ANY BODILY INJURY, PROPERTY DAMAGE, OR DEATH which the undersigned may suffer while participating in the Tidewater Veterinary Hospital Job Shadow Program, whether due to weather conditions or weather-related conditions, animals at the hospital and/or participants or ANY other causes. I give permission for my child or myself to be treated by a health provider, first aid response, health supervisor, and hospital in case of an emergency. I further agree that I am solely responsible for payment of all costs resulting from rendering medical aid and ambulance services to the participant and I authorize that all necessary first aid steps may be taken as prescribed by qualified personnel.

The undersigned agrees to DEFEND, INDEMNIFY AND HOLD RELEASES HARMLESS from any and all liability, damage, cost or expense (including but not limited to attorney and witness fees) which may be incurred or suffered by them on account of any claim for death, personal injury but not limited to attorney and witness fees) which may be incurred or suffered by them on account of any claim for death, personal injury, damage to property or any damage caused by the undersigned's participation in the Tidewater Veterinary Hospital Job Shadow Program.

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I give permission for photographs and/or video to be taken of my child or myself while participating in the Job Shadow Program. Any photographs or video taken will be used for publicity purposes only.

I hereby certify that to the best of my knowledge and belief that my child or myself is able to participate in the Tidewater Veterinary Hospital Job Shadow Program.

I hereby certify that this form is complete and accurate to the best of my knowledge.

This is to certify that I have read, understand, and agree TO THE TERMS OUTLINED IN THE ABOVE Release of Liability and Certification and Release.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Permission for those under 18:

Name of Parent: \_\_\_\_\_

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

Thank you!

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### For Use by Tidewater Veterinary Hospital, LLC

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Approved Schedule:

Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	