

SVECCS Internship Posting Request

Practice Name: _____

Veterinary Focus: small animal large animal mixed animal exotics other

Address: _____

(street number and name)

(city)

(state)

(zip code)

Contact: _____

(name)

(phone number/email)

Brief description of practice and student expectations:

Please return submissions to: Desiree Broach at dbroach@uga.edu, Internship Coordinator for National SVECCS '06-'07.