

THE EQUINE CLINIC AT OAKENCROFT

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Stephen Naile, DVM
Ryan Penno, DVM
Jennifer Safford, DVM
Carlin Jones, VMD
Jennifer McDonald, BVetMed
Calsey Grant, DVM
Betsy Colarusso, DVM
Melissa Sim, DVM

Undergraduate/College Student Application

Contact Person: Stacy Mayhew
Contact Email: sm@oakencroft.org

Interested students should review the materials on our website and then submit this application to schedule a visit.

Name: _____

School & Major: _____

Graduation Date: _____

Address: _____

Phone (list all numbers we may reach you or an emergency contact at in an emergency): _____

Email: _____

Dates requested for visit (to be approved by ECO staff): _____

Typical visits are often for a few days to a week. If you are interested in a different length of stay (such as 100+ hours for school credit), a special request must be made and will be considered on an individual basis.

Do you have a vehicle? _____

Can you meet the veterinarians at a location other than the office? _____

Major areas of interest you would like to have addressed during your visit: _____

Are you earning school credit for this visit? _____

Do you have a form/evaluation we will need to fill out? _____

How did you hear about us?

How much horse experience do you have (please provide specifics)?

Please provide a brief paragraph detailing why you would like to ride with us:
