

THE EQUINE CLINIC AT OAKENCROFT

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Calsey Grant, DVM

High School & Undergraduate College Students Permission

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

Interested students should review the materials on our website and contact the office by phone or email in order to schedule a visit.

Student Name: _____

Student Age: _____

Student grade in school: _____

Which High School does this student attend? _____

Parents/Guardian name: _____

Please list all phone numbers we can reach you (parent/guardian) at in an emergency _____

I give my daughter/son permission to shadow any veterinarian or lay staff person at the Equine Clinic at OakenCroft. I understand that my child will be potentially at the clinic or traveling on calls in a 14 county area in upstate New York and Massachusetts. I understand that the day schedule cannot be determined accurately in advance, and that the end of the day is beyond the control of the clinic. I recognize that there are inherent dangers involved in being around horses and in travel, and I will not hold the clinic responsible for any harm or injury. My child will arrive on time with appropriate clothing and a lunch/drink/snack.

Student signature: _____ Parent Signature: _____

Date: _____ Date: _____