

**California Wildlife Center
Preceptorship Program**

APPLICANT INFORMATION

Name (Last, First):

Phone:

Email:

Veterinary School or Current Veterinary Practice:

Dates desired:

WHAT EXPERIENCES DO YOU HOPE TO OBTAIN THROUGH THIS ROTATION?

PREVIOUS WILDLIFE/AVIAN/EXOTICS EXPERIENCE 1

Name of Organization:

Dates:

Animal species worked with:

Specific duties:

PREVIOUS WILDLIFE/AVIAN/EXOTICS EXPERIENCE 2

Name of Organization:

Dates:

Animal species worked with:

Specific duties:

PREVIOUS WILDLIFE/AVIAN/EXOTICS EXPERIENCE 3

Name of Organization:

Dates:

Animal species worked with:

Specific duties:

SURGERY EXPERIENCE 1

Name of Organization:

Dates:

Animal species worked with:

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Procedures done and extent of involvement:

SURGERY EXPERIENCE 2

Name of Organization:

Dates:

Animal species worked with:

Procedures done and extent of involvement:

SURGERY EXPERIENCE 3

Name of Organization:

Dates:

Animal species worked with:

Procedures done and extent of involvement:

OTHER INFORMATION

(ANSWERING "NO" TO ANY OF THE FOLLOWING QUESTIONS DOES NOT DISQUALIFY YOUR APPLICATION, BUT MAY LIMIT YOUR LEARNING EXPERIENCE). PLEASE UNDERLINE "YES" OR "NO" WHEN APPLICABLE.

Current with Rabies Vaccination? (Yes/No)

Last Vaccine/Titer date?

Current with Tetanus Vaccination? (Yes/No)

Last Vaccine date?

Current with Tuberculosis Vaccination?
(Yes/No)

Last Vaccine date?

Working with wildlife may sometimes require physical exertion. Are you in decent condition to hike (1) mile (Yes/No). Are you able to lift/carry a 40lb animal for a short distance? (Yes/No)

Do you have any medical conditions that may make you immunocompromised? (Yes/No)

Will you have your own method of transportation? (Yes/No)

*Notes:

- Unfortunately, we are no longer able to provide housing.
- Transportation is the responsibility of the preceptor.

PLEASE SUBMIT YOUR RESUME/CV ALONG WITH THIS FORM.