

**The Animal Medical Center**  
**Graduate Veterinary Clinical Practices Program Application**

510 E. 62nd Street, New York, New York 10065-8314

Phone (212) 329-8614 Fax (212) 308-2358

continuing.education@amcny.org

Please email, mail or fax completed applications to the attention of the Continuing Education Department

Name \_\_\_\_\_ Gender F \_\_\_ M \_\_\_  
*(Last/Surname)* *(First)* *(Middle Initial)*

Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Country \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

Graduate of Veterinary School \_\_\_\_\_ in the Year \_\_\_\_\_

Current Employer \_\_\_\_\_ Position \_\_\_\_\_

**We Do Not Enroll Participants from June 1<sup>st</sup> To July 20<sup>th</sup>**

**Requested Dates of Participation** – please provide us with 4 options to schedule your visit (Please format Month/Date/Year) :

**1st** Choice From \_\_\_\_\_ To \_\_\_\_\_ **3rd** Choice From \_\_\_\_\_ To \_\_\_\_\_

**2nd** Choice From \_\_\_\_\_ To \_\_\_\_\_ **4th** Choice From \_\_\_\_\_ To \_\_\_\_\_

**Total Number of Weeks Requested** \_\_\_\_\_ **Preferred Services**

**Please provide us with 4 options of services you would prefer to work with, in order of interest: 1 - 2 - 3 or 4**

- |   |  |
|---|--|
| _____ Avian & Exotics (Mon start – Fri + one weekend day) | _____ Interventional Radiology and Endoscopy (Mon - Fri) *needs approval |
| _____ Cardiology (Mon - Sat)                              | _____ Neurology (Mon - Fri)  |
| _____ Critical Care and Emergency (Noon - 8pm)            | _____ Oncology (Mon - Fri)   |
| _____ Diagnostic Imaging (Mon - Fri)                      | _____ Ophthalmology (Mon - Fri)  |
| _____ Dentistry (Mon - Fri) *needs approval               | _____ Pathology (Mon - Fri) *needs approval                              |
| _____ Dermatology (Tue - Sat)                             | _____ Radiation Oncology (Mon - Fri)                                     |
| _____ Internal Medicine A (Sunday or Thursday start day)  | _____ Rehabilitation and Canine Physical Therapy (Mon - Fri)             |
| _____ Internal Medicine B (Mon - Fri)                     | _____ Surgery 1 (Mon - Fri)  |
| _____ Internal Medicine – Renal (7 days/week)             | _____ Surgery 2 (Mon - Fri)  |
|   | _____ Surgery 3 (Soft-Tissue) (Mon-Fri)                                  |

**The established fees for participation in this program are \$100.00 per day or \$500.00 per week.**

Payment can be made by cash, check (payable to: The Animal Medical Center), money order or major credit card.

Method of Payment: Check  Money Order  Credit Card   
(Master Card, Visa, American Express, Discover)

Credit Card Account Number \_\_\_\_\_ Amount \$ \_\_\_\_\_

Name as it appears on credit card \_\_\_\_\_

Bank \_\_\_\_\_ Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_