

Kewaskum Veterinary Clinic, Inc.

Serving as a Volunteer or Student Intern

I, _____ am _____ years of age and

1. Voluntarily evaluating the position of (circle the appropriate one:

Understand that I will be:

- a) Office, practice or hospital manager,**
- b) Receptionist (customer service representative,**
- c) Veterinary nurse or technician,**
- d) Kennel person**
- e) During the following time (s) _____ or**

2. Observing and /or assisting as a student intern in the operations of this veterinary practice to learn about veterinary medicine, technology, and nursing during the following anticipated time _____

I agree that I will make no claims for wages or compensation for the time periods during which I am performing either of the above functions. I understand that there are inherent risks associated with spending time in a veterinary practice including: 1)animals biting or scratching humans, 2)slips and falls, 3)transmission of diseases from animals to people (Zoonotic diseases), 4) allergies, and 5) other less common risks.

I agree that anything I learn about this business, its patients or clientele of this veterinary practice must be held in utmost confidence and such information may not be discussed outside of this establishment, nor used in any publication, blog, interview, or other public manner.

I accept these risks and the terms of this agreement and, in the absence of negligence, agree to hold this veterinary practice harmless for any injuries or illnesses I might suffer as a result of the time spent serving in either of the above capacities.

Signature of person volunteering, observing or student intern

Date

Parent's consent if person is under 18 years of age

Date

Staff Name and Position

Date

