**KEWASKUM VETERINARY CLINIC, INC.**

Dr. Gregory Ogi Dr. Nicholas Wagner Dr. Isaac Fisher

1040 Fond du Lac Avenue

Kewaskum, WI. 53040

Phone: 262-626-2380

Kewaskumveterinaryclinic.com

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Volunteer or Student Intern

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What's to be expected

* **Volunteer** - evaluating the position of: (please circle the appropriate option)
* Office, practice, or hospital manager
* Customer Service Representative
* Veterinary Assistant
* Veterinary Nurse or Technician
* Kennel Help
* **Student Intern** - observing and/or assisting in the operation of this veterinary practice to learn about veterinary medicine, technology, and nursing.

Anticipated time(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I agree that I will make no claims for wages or compensation for the time period(s) 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 bites and/or scratches
2. Slips and falls
3. Transmission of disease(s) from animals to people (zoonotic diseases)
4. Allergies
5. Other less common risks

I agree that anything I learn about this business, it’s 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.

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Signature of person volunteering, observing, or student Intern Date

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Parental Signature (Parent’s consent if person is under 18 year of age) Date

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Practice Manager or Administrative Signature Date

**Please attach Emergency Contact and Medical Alert Questionnaire to Consent before turning in Consent paperwork.**