

Pre-Clinical Selective Site Form
Mentor/Supervisors

Email completed document to: karen.reagan@tufts.edu

Selective Title:

Contact person at site:

Address:

Phone:

Email:

Special and type of experience to be encountered (e.g., lab animals, wildlife, small animals) if appropriate:

Names, specialties and other qualifications of clinical veterinarians, scientists or other professionals involved in the training aspect of the rotation:

Have you had veterinary students at your site before? If yes, when?

From which veterinary school/college?

Elaborate on any aspect of your environment that might be of special interest to students:

Requirements (if any):