

COLORADO MOUNTAIN COLLEGE

Veterinary Technology Program
VET 287 – Work Experience

This confirms that we agree to have
Lauren Pysher

Name of CMC Veterinary Technology Student

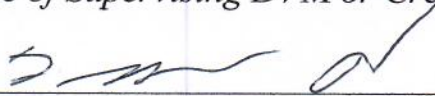
perform his/her 240 hours of externship at our clinic
during March and April of 2019.

Animal Medical Center of
Surprise

Name of Veterinary Clinic
13383 W Bell Rd Suite 101 Surprise, AZ 85374

Physical address of Veterinary Clinic

Mel Paquin_DVM
Name of Supervising DVM or Credentialed Veterinary Technician (direct contact)*


Signature of Supervising DVM or Credentialed Veterinary Technician

Telephone 623-295-1811
Address (direct contact*)

Packyyvet@amcofsurprise.com Email

3/16/2019

Date

Please return to:
Nancy A. Sheffield, EdM, CVT
Professor of Veterinary Technology
Email: nsheffield@coloradomtn.edu

*** The individual who will serve as the clinic's contact person
for Nancy Sheffield, Work Experience coordinator.**

Departments of Education and Labor.

It is mutually understood that should this Agreement become unsatisfactory for any party, it can be dissolved by notifying the Instructional Supervisor and allowing sufficient time to make alternate arrangements.

Employer Animal Medical Center of Surprise Date 3/11/2019
By: Karen Schlachter
Title: Practice Manager

Student Lauren Pyscher Date 3/11/2019
Guardian if minor Student _____

Instructor: _____ Date _____
Nancy Sheffield, EdM, CVT

Instructional Supervisor: _____ Date _____
Jeff Myers, DVM