



Bellalago Veterinary Hospital Internship Program

Recommendation Form

To be completed by applicant:

Name: _____

Address: _____

Telephone _____

Number: _____

Email: _____

Release of access to this letter: The applicant must complete and sign the following statement before submitting this form to the evaluator. This request is in compliance with Federal Law P.L. 93-380 (Family Education Rights and Privacy Act of 1974).

Check and sign one:

I waive my right to access this letter of evaluation.

I do NOT waive my right of access to this letter of evaluation

Date: _____ Student Signature: _____

The applicant stated above intends to apply to a pre-veterinary internship offered by Bellalago Veterinary Hospital. The objective of this internship is to familiarize an academically qualified pre-veterinary college student with small animal veterinary medicine as practiced in a small animal hospital. Please complete the evaluation, seal it in an envelope with your signature on the seal and either return it to the applicant for submission or mail to the following address.

Bellalago Veterinary Hospital
Attn: Hospital Manager
3809 Pleasant Hill Rd.
Kissimmee, FL 34746

1. In what capacity have you known the applicant?

2. How would you describe the academic abilities of the applicant?

3. How would you describe the applicant's interest in animals and/or veterinary medicine?

On the chart below, check each item at the appropriate point on the competence scale which best indicates your rating of the concerned characteristic:

	Excellent	Satisfactory	Unsatisfactory	Not Observed
Initiative				
Promptness				
Communication				
Dependability				

Check your overall rating for this applicant:

- Highly Recommend
- Recommend
- Recommend with Reservation
- Not Recommend

You may use the space below to indicate any particular observation bearing upon this applicant's character and academic promise to the pre-veterinary internship:

Name of Evaluator:

Signature of
Evaluator:
Date:

Position/Title:

School/Veterinary
Practice Name,
Address, Phone
Number:
