

Bellalago Veterinary Hospital Internship Program Recommendation Form

Γo be complete	to by applicant.
Name:	
Address:	
Telephone Number: Email:	
submitting this	ess to this letter: The applicant must complete and sign the following statement before form to the evaluator. This request is in compliance with Federal Law P.L. 93-380 (Family ts and Privacy Act of 1974).
Check and sig	n one:
() I waive m	y right to access this letter of evaluation.
` '	
	waive my right of access to this letter of evaluation

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 preveterinary 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

In what capacity have you known the applicant?
How would you describe the academic abilities of the applicant?
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:				
Dute.				
Position/Title:				
School/Veterinary				
Practice Name, Address, Phone				
Number:				