



COUNTY OF LOS ANGELES  
**Public Health**

# Veterinary Externship Program University Faculty Approval Form

**This form is to be filled out by the Faculty sponsoring the student.** This form is to serve as a formal acknowledgement by the University named below that the student named is approved to participate in the Los Angeles Counties Veterinary Student Externship Program during the duration mentioned.

## STUDENT

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

Participation Period (date range): \_\_\_\_\_

## FACULTY MEMBER

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

University name: \_\_\_\_\_

Department: \_\_\_\_\_

Street: \_\_\_\_\_

City, ZIP \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Return completed and signed form by fax or email to:

Karen Ehnert, D.V.M., M.P.H., Chief Veterinarian (Acting)  
Veterinary Public Health and Rabies Control Program  
Los Angeles County Department of Public Health  
[kehner@ph.lacounty.gov](mailto:kehner@ph.lacounty.gov)  
Fax (213) 481-2375 or (213) 482-2588