



Colorado Veterinary
Medical Association

Student Chapter

Yes, I want to attend the CVMA Mentorship Reception on January 31, 2008!

Student Mentor Information Form

Name

Practice

Address

Phone

Fax

E-mail address

Practice type (small animal, mixed, equine, industry, etc.): _____

Specialties (ophthalmology, dentistry, acupuncture, etc.): _____

Are you a business owner? Yes No

What is your preferred form of contact? Phone Fax E-mail

Please list your current mentees (if any):

Would you like to have additional mentees? If so, please specify the number: _____

Are you willing to host your mentee(s) for a preceptorship? Yes No

Would you be willing to host other veterinary students for a preceptorship? Yes No

Do you know of another Colorado veterinarian who may be interested in the CVMA Mentor Program?

If so, please list that veterinarian's contact information:

Name

Practice

Address

Phone

Fax

E-mail address

Please mail, fax or e-mail completed form to:

CVMA

191 Yuma Street

Denver, Colorado 80223

303.318.0447 fax 303.318.0450

ellenhenningsen@colovma.org • www.colovma.org