

## Shadow Application Form

Welcome to Littleton Equine Medical Center's Shadow Program! All of the doctors and staff here are committed to sharing our lives and veterinary experiences with interested members of our community. Due to the overwhelming interest in our clinic, some guidelines have been implemented in order to try to accommodate the most people possible. Dates for scheduling shadows will be November to May. Due to the number of externs that are with us between June and October, shadowing during our high volume months **must be approved by a specific staff doctor.**

1. Qualified applicants must be at least 16 years of age.
2. Applicants must have a career interest in the field whether it is becoming a veterinarian, technician or assistant. For those who are simply interested in our clinic, we are happy to schedule a tour of the hospital during business hours.
3. Accepted applicants will be scheduled for one day only. Shadow days are Monday through Friday. Start time will depend on the individual doctor's scheduled appointments. Finish time can be variable if scheduled in the field, if scheduled in the clinic the shadow can leave whenever needed.
4. Shadows will be observing only – there is no hands-on experience available in this program due to insurance liability restrictions. Our doctors welcome conversation and are happy to answer questions and explain procedures. **Exceptions may be made to the above guidelines with a specific LEMC doctor's request.**
5. During your stay at Littleton Large Animal Clinic, you may be exposed to clients and horses that are familiar to you. We expect you to respect our client's right to confidentiality. Please refrain from photographing or speaking about our clients and their horses to outside parties.
6. Please come prepared for any weather – some of the locations we visit are outside and no shelter is available. Colorado weather can change quickly- come prepared with appropriate gear depending on the season. Bring water and lunch as each doctor's appointment schedule may or may not allow for a stop at a store for lunch.
7. Wear jeans or other long pants and tennis shoes or other appropriate footwear for the day. No shorts or open toed shoes please!
8. Please be considerate with cell phone usage during appointments. Our goal is to share knowledge and demonstrate a professional and caring demeanor. Keeping cell phone use to a minimum helps us accomplish this goal and make the shadow experience more beneficial.

Upon receipt of your application, we will be contacting you to discuss the details of shadowing with us. Please fax to 303-794-9466 or email to [littletonequine@littletonequine.com](mailto:littletonequine@littletonequine.com).

*Once again, thank you for your interest and we look forward to getting to know you!*

**VETERINARY RELEASE, ASSUMPTION OF RISK  
AND CONFIDENTIALITY AGREEMENT**

In consideration of my observing, assisting, performing and/or participating in any manner whatsoever in any veterinary services, procedures or other related activities (“Veterinary Activities”) conducted, supervised, allowed or performed by Littleton Equine Medical Center, a Colorado corporation or any of its veterinarians, assistants, parent, sister, subsidiary or related entities and its directors, officers, owners, members, employees, agents, servants, and any affiliates or representatives thereof (“Littleton Equine”), I, on behalf of myself, my representatives, assigns, heirs, spouse, children and agents hereby agree as follows:

1. **RELEASE.** I hereby release and forever discharge Littleton Equine from any and all liability, claims, demands, actions or rights of action, which are in any way related to my participation in any Veterinary Activities. The release contained herein also includes, without limitation, the release of any landowner or leasee upon whose property Veterinary Activities are conducted.
2. **CERTIFICATION.** I hereby certify that I have no physical or mental condition(s) and that I am not and will not become under the influence of any medications, drugs or alcohol which may in any way impair my ability to safely engage in Veterinary Activities.
3. **ACKNOWLEDGEMENT.** I understand, acknowledge and agree that no medical insurance benefits will be provided to me by Littleton Equine.
4. **RISKS.** I understand and acknowledge that Veterinary Activities involve certain known and unknown risks which could result in injury, death, illness, disease or other damage to me, Littleton Equine, or to third parties. Among these risks are: (1) the nature of the Veterinary Activities; (2) the acts, omissions or negligence of me, Littleton Equine or others; (3) latent or apparent defects or conditions in the equipment, tack or the property supplied by me, Littleton Equine or others; (4) my physical condition; (5) the general unpredictability of equine, livestock or other animals and their propensity to behave in ways that may result in injury, harm or death to persons around them; and (6) the unpredictability of equine, livestock or other animals’ reaction to such things as sounds, sudden movement, unfamiliar objects, veterinary procedures or treatments, persons or other animals. I understand and acknowledge that the above list is not complete or exhaustive, and that Veterinarian Activities may involve other risks, known or unknown, anticipated or unanticipated.
5. **ASSUMPTION OF RISK.** Being aware that Veterinarian Activities involve substantial risks, I expressly and knowingly agree to accept and assume all responsibility and risk for any injury, death, illness, disease or other damage to me or to my property arising from my participation in Veterinarian Activities.
6. **CONFIDENTIALITY.** I understand and agree that Littleton Equine’s business connections, clients, client lists, referral sources, records, treatment and care of equine, livestock or other animals, veterinary techniques, procedures, operations, trade secret and other aspects of its business (collectively, “Confidential Information”) are established at great expense and provide Littleton Equine with a substantial competitive advantage in conducting its business. By virtue of my participation in Veterinary Activities, I will have access to Confidential Information. Therefore, I agree that I will not use Confidential Information to my benefit or disclose any Confidential Information to any third parties without the express written permission of Littleton Equine or as otherwise required by law.

7. ENTIRE AGREEMENT. I understand that this is the entire agreement between the parties and it cannot be modified, except by a writing signed by all parties.

8. GOVERNING LAW. This Agreement shall be construed and governed by the laws of the state of Colorado. In the event there is any action to enforce this Agreement or to seek legal remedies thereunder, I agree to the exclusive jurisdiction and venue of the County or District Court for the County of Jefferson, Colorado. The prevailing party in any such action shall be entitled to recover all costs, expenses and attorney fees incurred therein. I HEREBY KNOWINGLY WAIVE ANY RIGHT I MAY HAVE TO A JURY TRIAL.

9. ENFORCEABILITY. The invalidity or unenforceability of any of the terms or provisions of this Agreement shall not affect the enforceability or validity of the remainder. IN WITNESS WHEREOF, I have executed this Agreement effective as of

\_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Participants Name (print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Legal Gaurdian Printed Name (If under the age of 21)





### Applicant Information:

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

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Driver's lic.#: \_\_\_\_\_ Exp Date: \_\_\_\_\_

Medical Ins. Carrier \_\_\_\_\_ Policy # \_\_\_\_\_

Auto Ins. Carrier \_\_\_\_\_ Policy # \_\_\_\_\_

Person to notify in case of an emergency: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

When are you available to shadow? \_\_\_\_\_

How did you hear about our clinic? \_\_\_\_\_

\_\_\_\_\_

What is your interest in veterinary medicine? \_\_\_\_\_

\_\_\_\_\_

Why would you like to spend a day shadowing at Littleton Equine Medical Center?

\_\_\_\_\_

**\*\*The named individual, who is 21 years of age or older, or the guardian of the individual under 21, is aware of and understands the inherent risks involved with riding, leading, petting, assisting in medical treatment, handling in any way, or being in close proximity to a horse, pony, mule, donkey or hinny, and the named individual or guardian agrees that he/she assumes the risk, knowing and understanding the risks, and he/she waives any and all claims he/she might have against the Littleton Equine Medical Center, Littleton Large Animal Clinic, a Colorado Corporation, its employees, agents owners, stockholders, officers and directors.**

\_\_\_\_\_  
Signature of Individual

\_\_\_\_\_  
Signature of Guardian