

Carolina Equine Hospital  
5373 NC HWY 150 E  
Browns Summit, NC 27214



Mark A. Wallace DVM, MS, Dip ACVIM  
Andrea Boyer DVM  
Rebecca Stinson DVM  
James Talbot DVM

### Student Information Sheet

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

Education: \_\_\_\_\_

Undergraduate university: \_\_\_\_\_

Veterinary School: \_\_\_\_\_

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

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

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

E-mail address: \_\_\_\_\_

Name and Phone number of person to contact in case of emergency:

\_\_\_\_\_

Special medical conditions or medications:

\_\_\_\_\_

Do you currently have medical insurance: \_\_\_\_\_

Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

AVMA PLIT insurance number (vet students): \_\_\_\_\_

Drivers License # (if applicable): \_\_\_\_\_

Will you require housing while you are at CEH: \_\_\_\_\_