

## Seneca Park Zoo Aab Pre-Veterinary Fellowship Recommendation Form

To be completed by applicant:

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

**Release of Access to this Letter:** The applicant must complete and sign the following statement before submitting this form to the evaluator. This request is in compliance with Federal Law PL 93-380 (Family Education Rights and Privacy Act of 1974).

**Check One and Sign:**

\_\_\_ I waive my right to access this letter of evaluation.

\_\_\_ I do not waive my right to access this letter of evaluation.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

-----

To be completed by the evaluator: The applicant named above intends to apply to a funded pre-veterinary fellowship at Seneca Park Zoo. The objective of the fellowship is to familiarize an academically qualified and experienced pre-veterinary college student with zoo animal medicine and welfare and conservation programs. Your evaluation is essential to selecting the most qualified applicant.

Please complete the evaluation and submit as a pdf electronically to [louisdivincenti@monroecounty.gov](mailto:louisdivincenti@monroecounty.gov) by 5pm EST on the second Friday of January. If you cannot submit an electronic version, please mail to Aab Pre-Veterinary Fellowship, Seneca Park Zoo, 2222 St. Paul Street, Rochester, NY 14621 for receipt by the second Friday of January.

**Name and Title:** \_\_\_\_\_

**Practice Name, Address and Phone Number:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

1. **In what capacity have you known the applicant?** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. **Roughly, how many hours has the applicant worked or volunteered in your practice?** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. What animal species do you see in your practice? \_\_\_\_\_

---

On the chart below, check each item at the appropriate point on the competence scale which best indicates your rating of the applicant for each characteristic:

	Excellent	Satisfactory	Unsatisfactory	Not Observed
Initiative				
Promptness				
Communication				
Dependability / Trustworthiness				
Maturity				

**Check your overall rating of this applicant:**

- Highly Recommend
- Recommend
- Recommend with Reservation(s)
- Do Not Recommend

Please use the space below to share personal observations of the applicant if you wish, or you may attach a separate recommendation letter.

---

---

---

---

---

---

---

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