

Veterinary Technology

Work/Career Shadowing Experience Form

Applicants who have 40 hours of career shadowing or paid work experience must submit this form as a prerequisite for admission to the veterinary technology program. Career shadowing time or paid work must be performed under the supervision of a veterinarian or veterinary technician (licensed or registered) at any applicable animal care facility or site, such as a private practice, clinic, animal shelter clinic or hospital, etc. This may be completed at one or more facilities **but a separate form will have to be used for each site.**

The Veterinarian or Licensed/Registered Veterinarian Technician must complete the form and sign it.

Applicant Name: _____

Name of Facility: _____

Facility Address: _____
Street Address
City
State
Zip

Facility Phone: _____ Please Check: Observation/career shadowing
Paid work experience

Total Number of Experience Hours: _____

Please check the appropriate box below:

P= Performed D= Discussed O= Observed

	P	D	O		P	D	O
Anesthesia and surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Restraint-small animal and exotics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dental (cleaning, other under anesthesia)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Restraint- Large animal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sample collection and Laboratory procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cleaning (cages, stalls, treatment areas, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Radiology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Discuss challenges of being a veterinary technician	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nursing procedures (administering medications, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pharmacy (e.g. filling prescriptions)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (grooming, emergency, euthanasia, etc.) as available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signature of Veterinarian or LVT

Date

Printed Name

License Number