

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