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# 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