

## VETERINARY HOSPITAL OBSERVATION FORM

Name of Applicant: \_\_\_\_\_

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

Clinic Address: \_\_\_\_\_

\_\_\_\_\_

Clinic Phone Number: \_\_\_\_\_

Clinic Email Address: \_\_\_\_\_

**This is to certify that the above referenced applicant has worked/observed in this clinic for a minimum of 40 hours within the past 2 years.**

**We recommend discussing the following topics with the observer:**

- Anticipated wages for a licensed veterinary technologist
- Working hours for a veterinary technologist
- Benefits: vacation, CE allowance, uniform allowance, etc.
- Rewards of being a veterinary technologist
- Challenges associated with the veterinary medicine field, and being a veterinary technologist

\_\_\_\_\_  
Name of DVM or LVT

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature of DVM or LVT

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

This document must be included in the VETT Program application packet. Please attach this completed form to the online application. If this form was not included with the online application, please scan & email to [vetnursing@tamuk.edu](mailto:vetnursing@tamuk.edu)

