

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 sign the completed document using valid a valid Digital ID that can be verified. Typed signatures will not be accepted. 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

Veterinary Hospital Observation Time Sheet
A log for recording your observation experience hours



Applicant Name: _____

Clinic Name: _____

Date	Time In	Time Out	Time In	Time Out	Total Hours	Cumulative Hours	Supervisor Initials

Total Hours Worked: _____

Supervisor Signature: _____ Date: _____