

Student Veterinary Technology Major

Student Name (Print): _____

Email Address: _____

Phone Number(s) Home: _____

Cell: _____

Please turn in this completed form with your program application.

Note: Completion of this requirement does not guarantee acceptance into the Veterinary Technology Program

Veterinary Clinic

Veterinary Clinic Name: _____

Clinic Address: _____

Clinic Phone Number: _____

Veterinarian Name: _____

Supervisor (if different than Veterinarian): _____

<i>Date</i>	<i>In Time</i>	<i>Time Out</i>	<i>Total Hours</i>

Total Number of Observation Hours _____

Veterinarian/Supervisor Comments: _____

Student Signature: _____ Date: _____

Veterinarian/Supervisor Signature: _____ Date: _____