



9900122

## VETERINARY TECHNICIAN JOB SHADOWING FORM

Student Name (please print): \_\_\_\_\_

Student ID: \_\_\_\_\_

Dear veterinarian or certified veterinary technician:

The above listed student is applying to the Gateway Technical College Veterinary Technician program. As part of the admission requirement, students must observe a minimum of 20 hours at a veterinary facility or facilities, in order to provide an introduction to both the rewards and challenges of the profession. It is hoped that the student will gain exposure to a wide range of procedures and the technician's role in them. The student should observe as many of the listed procedures as possible.

Please initial the following procedures if observed at your facility by the prospective student named above and sign on the back page of this form:

- \_\_\_\_\_ Student arrived on time, was dressed appropriately, and acted in a professional manner
- \_\_\_\_\_ Physical examination
- \_\_\_\_\_ Multiple methods of animal restraint
- \_\_\_\_\_ Client interaction (history taking, home care counseling)
- \_\_\_\_\_ Telephone procedures/appointment making
- \_\_\_\_\_ Daily animal care (feeding, exercising, cage/stall cleaning)
- \_\_\_\_\_ Trimming of nails/hooves
- \_\_\_\_\_ Handling of a fractious or difficult animal
- \_\_\_\_\_ Collection, preparation, and analysis of fecal specimen
- \_\_\_\_\_ Collection and analysis of urine sample
- \_\_\_\_\_ Anal gland expression
- \_\_\_\_\_ Blood draw, jugular and other sites
- \_\_\_\_\_ Laboratory analysis of blood (PCV/TP, CBC, chemistry, heartworm test, etc)
- \_\_\_\_\_ Microscope use (cytology, skin scraping, urine sediment exam, etc.)
- \_\_\_\_\_ Nursing care of ill/hospitalized patient (injections, wound care, oral or topical medications, etc)
- \_\_\_\_\_ Charting/record keeping
- \_\_\_\_\_ Treatment of parasite infestation (fleas, ticks, larvae, etc)
- \_\_\_\_\_ Intravenous catheter placement

- \_\_\_\_\_ Induction of anesthesia
- \_\_\_\_\_ Intubation
- \_\_\_\_\_ Minor surgical procedure
- \_\_\_\_\_ Major surgical procedure
- \_\_\_\_\_ Dental prophylaxis
- \_\_\_\_\_ Patient recovery and post-operative care
- \_\_\_\_\_ Operation, maintenance and cleaning of equipment
- \_\_\_\_\_ Emergency treatment of injury or illness
- \_\_\_\_\_ Humane euthanasia
- \_\_\_\_\_ Other: \_\_\_\_\_
- \_\_\_\_\_ Other: \_\_\_\_\_
- \_\_\_\_\_ Other: \_\_\_\_\_
- \_\_\_\_\_ Other: \_\_\_\_\_
- \_\_\_\_\_ Other: \_\_\_\_\_

By signing below, I certify that the named student observed the procedures I initialed at my veterinary facility and/or ambulatory service:

\_\_\_\_\_  
Name of Veterinary Facility

\_\_\_\_\_  
Signature of DVM or CVT & Date # of hours student shadowed

\_\_\_\_\_  
Name of Veterinary Facility

\_\_\_\_\_  
Signature of DVM or CVT & Date # of hours student shadowed