



**Volunteer State Community College  
Veterinary Technology Program  
Veterinary Related Work Experience**

Use this form, in lieu of the observation form, if you are working in a veterinary facility.

**To be completed by Applicant:**

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

Name of Animal Facility: \_\_\_\_\_ City / State: \_\_\_\_\_

The clinic is best described as: (circle one)

- Small animal practice
- Mixed animal practice
- Other practice: \_\_\_\_\_
- Food and fiber animal practice
- Equine practice

Describe your responsibilities: \_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**To be completed by Employer:**

Dates of Employment: \_\_\_\_\_ Average Hours per week: \_\_\_\_\_

In what capacity was this applicant employed? \_\_\_\_\_

\_\_\_\_\_

<b>Please rate the following:</b>	<b>Superior</b>	<b>Good</b>	<b>Acceptable</b>	<b>Unacceptable</b>	<b>N/A</b>
Dependability					
Cooperation / Collaboration					
Judgment					
Interpersonal Communication					
Integrity					
Poise around animals					
Practice safety					

Any comments you would like to share: \_\_\_\_\_

\_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return to the applicant or email directly to the Program Director at:**

[hope.wright@volstate.edu](mailto:hope.wright@volstate.edu)