



9900122

VETERINARY TECHNICIAN/ASSISTANT 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/Assistant 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

Thank you for your support. Should you have any questions, please contact:

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