**Veterinary Technology or Assistant Verification of Hours**

Veterinary Technology applicants who have the (50) required hours, or Veterinary Assistant applicants who have the (25) required hours of volunteer, work, or observation experience, must submit this form as part of the application requirements to the program for which they are applying. Volunteer, observing or work must be performed under the supervision of a veterinarian (DVM) or licensed veterinary technician (LVT) at any applicable animal care facility or site, such as a private veterinary practice, clinic, animal shelter, etc. This may be completed at one or more facilities, but a separate form must be used for each site.

The DVM or LVT must complete the form and sign it.

**Applicant Name:** ______________________________________________________________

**Applicant MCC Student ID:** ______________________________________________________

**Name of Facility:** ______________________________________________________________

**Facility Address:**

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
</table>

**Facility Phone:** ______________________  **Email:** _____________________________________

**Total number of Experience Hours:** ___________  Please Circle: Observation, Volunteer or Paid work experience

Areas of work satisfactorily performed, observed, or discussed:

- [ ] Anesthesia (induction, maintenance, recovery)
- [ ] Client interaction
- [ ] Minor surgery (e.g. laceration repair)
- [ ] Cleaning (cages, stalls, treatment areas)
- [ ] Major surgery (e.g. abdominal surgery)
- [ ] Working hours of a LVT, Assistant
- [ ] Dental procedures (e.g. cleaning)
- [ ] Challenges/rewards of profession
- [ ] Sample collection (e.g. fecal, urine)
- [ ] Front office procedures
- [ ] Radiography
- [ ] Other (grooming, emergency, euth.)
- [ ] Nursing procedures (e.g. patient care)
- [ ] Pharmacy (e.g. filling prescriptions)

**Signature of DVM/LVT:** ____________________________________________  **Date:** ________________

**Printed Name:** ______________________________________________________________