

EASTERN FLORIDA STATE COLLEGE

VETERINARY ASSISTING PROGRAM

Volunteer/Work/Observation Experience Form

Applicants of the Veterinary Assisting Program MUST complete at least 20 hours in a Veterinarian's Office, under the supervision of a Veterinarian. These hours may be completed at one or several different facilities. Please use a separate form for multiple facility settings.

Student's Name: _____

Veterinary Clinical Office Setting

Name of practice (print): _____

Address/Phone Number: _____

Name of supervising Veterinarian or Certified Veterinary Technician (print):

Florida Veterinary License # or Florida Certification #: _____

Total Number of Experience Hours at this facility: _____

Please Check: _____ Observation _____ Volunteer _____ Work

Skills observed during applicant's observation experience. Be specific. What did you observe the Veterinarian doing? (This section may not be left blank.)

By signing this document, I attest/confirm that the documented hours above were completed within the last two years.

Student's Signature: _____ date _____

Supervisor's Signature: _____ date _____