

HILLSBOROUGH COMMUNITY COLLEGE

Veterinary Technology Experience Form

Name of Student: _____

Student Social Security Number: _____

Name of Facility: _____

Facility Address: _____

Name of Supervising Veterinarian (print): _____

Florida License #: _____

OR Certified Veterinary Technician (print) _____

Florida Certification #: _____

Supervising Veterinarian or Certified Veterinary Technician's Address/Phone Number:

Total Number of Experience Hours: _____

Please Check: _____ Observation _____ Volunteer _____ Work Experience

Brief Description of Duties or Activities in Which Student Participated: _____

Comments: _____

Veterinarian's Signature: _____ Date: _____

OR

Certified Veterinary Technician's Signature: _____ Date: _____

YOU MAY MAKE ADDITIONAL COPIES IF REQUIRED

HILLSBOROUGH COMMUNITY COLLEGE

Veterinary Technology Experience Form

INSTRUCTIONS TO APPLICANTS

Applicants to the Veterinary Technology Program may submit a Veterinary Technology Experience Form if they have participated in observance, volunteer service, and/or work under the supervision of a veterinarian or certified veterinary technician at any applicable animal care facility or site, such as private practice, clinics, laboratories, research facilities, zoo's, rehabilitation centers, etc. This may be completed at one or more several different facilities. **Please use one form for each experience site.**

Make sure that the Veterinarian or Certified Veterinarian Technician completes the form, signs and dates it, seals it in the addressed envelope provided, and mails it directly to Hillsborough Community College.