



VETERINARY HOSPITAL OBSERVATION FORM

Name of Applicant: _____

Clinic Name: _____

Clinic Address: _____

Clinic Phone Number: _____

Clinic Email Address: _____

**This is to certify that the above referenced applicant has worked/observed in this clinic
for a minimum of 10 hours within the past 1 year.**

We recommend discussing the following topics with the observer:

- ☐ Anticipated wages for a licensed veterinary technologist
- ☐ Working hours for a veterinary technologist
- ☐ Benefits: vacation, CE allowance, uniform allowance, etc.
- ☐ Rewards of being a veterinary technologist
- ☐ Challenges associated with the veterinary medicine field, and being a veterinary technologist

Name of DVM or LVT Title	Date

Signature of DVM or LVT	Date

Signature of applicant	Date

This document must be included in the VTCH Program application packet. Please attach this completed form to the online application. Questions on how to complete this form can be emailed to uaa_mscvetttech@alaska.edu .