

Applicant: Share this letter with the veterinary practice where you will complete your observation experience.

Dear Doctor/Veterinary Technician/Practice Manager,

Thank you for allowing our applicant to visit your practice!

This letter is to provide guidance on the clinic observation required for application to the Veterinary Technology Program at Ventura College.

As part of the application process, prospective students are required to spend a minimum of 8 hours observing the routine procedures performed in a Veterinary Clinic or Hospital. The purpose of this observation time is to ensure applicants understand the nature of veterinary medicine.

During this period, students are not asked to perform any tasks, but rather to observe the procedures listed on the attached checklist. They are not required to observe all tasks on the checklist provided, it is meant to offer guidance on the types of procedures we wish applicants to be exposed to. Please be aware that neither the applicant nor the school carries any insurance coverage during this observation time.

Thank you again for your cooperation in this academic endeavor. We appreciate your time and interest. Please feel free to reach out with any questions you have about this process or about the Ventura College Veterinary Technology Program in general.

Sincerely,

Mckenzie Rasmussen, DVM

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Lead Faculty - Veterinary Technology Program



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III. OBSERVATION FORM

Practice/Clinic Name: _____

Student Name: _____ Date(s) of Observation: _____

Doctor or Technician: Place your initials next to the tasks that the student observed. Students are not required to observe all tasks.

Nursing:

- _____ Daily animal care (cage/run/stall cleaning, feeding, exercising)
- _____ Daily treatments of hospitalized patients (patient treatments, ear clearing, wound care)
- _____ Administration of medication via oral and injectable routes
- _____ Intravenous blood draw
- _____ Physical Examination
- _____ Client interaction (history taking, wellness counseling)
- _____ Ultrasound & radiographs (APPLICANTS SHOULD NOT BE EXPOSED TO RADIATION AT ANY POINT)

Surgery:

- _____ Major Surgery (abdominal or orthopedic surgery)
- _____ Minor Surgery (wound debridement, abscess care)
- _____ Dental COHAT
- _____ Operation of gas anesthesia machine
- _____ Preparation of surgical packs and equipment sterilization

Laboratory:

- _____ Fecal Flotation
- _____ Manual blood smear or urine sediment evaluation via microscopy
- _____ Use of in-house blood testing (Snap tests, CBC, Chemistry)

Front Office Procedures:

- _____ Telephone interactions
- _____ Making appointments
- _____ Record keeping
- _____ Dispensing Prescriptions

I certify that the applicant observed the initialed procedures and completed a minimum of eight (8) observation hours.

Veterinarian/Licensed Technician Name: _____

Veterinarian/Licensed Technician Signature: _____

Date: _____