

**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*

Mckenzie Rasmussen, DVM  
Lead Faculty - Veterinary Technology Program



Ventura College, East Campus  
957 Faulkner Rd #106, Santa Paula, CA 93060  
805-289-6206  
mrasmussen@vcccd.edu

### 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: \_\_\_\_\_