Blinn College District
Veterinary Technology Program

Use this form to document any work experience, volunteer experience, or shadowing related to veterinary medicine or in other fields of work.

Please type or print **Applicant Name: _____**

EXPERIENCE/LOCATION:	
Type of experience: (Choose all that apply) ☐ Veterinary Medicine ☐ Animal (FFA, 4H, Shelter, etc.) ☐ Customer Service ☐ Teamwork ☐ Leadership ☐ Community Service ☐ Club/Extracurricular Activity ☐ Other: _____	Compensation: ☐ Employed/Paid ☐ Volunteered ☐ Shadowed Supervision: ☐ Veterinarian ☐ LVT ☐ Manager ☐ Other: _____
Supervisor Name: _____ Supervisor Phone or Email: _____ Start Date: _____ End Date: _____ Total Hours of Experience: _____ Description of Experience: Did someone from this experience evaluate your Documentation of Veterinary Experience form or serve as a reference for this application? ☐ No ☐ Yes – Veterinary Experience ☐ Yes – Reference	

*You may duplicate this form as many times as need. Additional forms are provided on our website. http://www.blinn.edu/veterinary-technology/index.html