

**Blinn College District
Veterinary Technology Program**

Please type or print

DOCUMENTATION OF VETERINARY EXPERIENCE: SUPERVISOR

Name of DVM or LVT who supervised you: _____

Facility Name: _____

DVM/LVT Email Address: _____ **Phone Number:** _____

Dates of Service _____

Number of hours of veterinary experience: _____

Under the provisions of the "Family Education Rights and Privacy Act of 1974", you have the right to see evaluations for application. Do you waive the right of access to this evaluation? Yes No

Applicant's Signature

Date

Applicant's Name

Please inform your supervisor that they will receive an email with instructions to evaluate you. It is highly recommended that they also submit a letter of recommendation in addition to this evaluation. Their deadline is within two weeks following the application deadline.

Applicants may duplicate this form if needed.