**DOCUMENTATION OF VETERINARY EXPERIENCE FORM**

**To be completed by the applicant:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place a check mark by the ONE option that best fits your experience:

\_\_\_\_\_\_\_\_\_\_ 20-hour requirement \_\_\_\_\_\_\_\_\_\_>100 hours

\_\_\_\_\_\_\_\_\_\_ >40 hours \_\_\_\_\_\_\_\_\_\_>120 hours

\_\_\_\_\_\_\_\_\_\_>60 hours \_\_\_\_\_\_\_\_\_\_>140 hours

\_\_\_\_\_\_\_\_\_\_>80 hours

Applicant’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**To be completed by the supervising Veterinarian or LVT:**

Please confirm the above documented hours and complete the Professional Evaluation Rating Form,

included as a separate document. Both forms will be uploaded into the electronic application portal by the student.

\_\_\_\_\_\_\_\_\_ I verify that the applicant has volunteered/observed/worked at our facility for the amount

 of hours mentioned above. (Please initial)

\_\_\_\_\_\_\_\_\_ I DO NOT verify that the applicant has volunteered/observed/worked at our facility for

 the number of hours mentioned above. (Please initial)

Name/Position (Please print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Circle One, DVM or LVT

Facility Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Facility Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_