

**JOLIET JUNIOR COLLEGE
VETERINARY TECHNOLOGY
VETERINARY EXPERIENCE FORM**

To be Completed by Student:

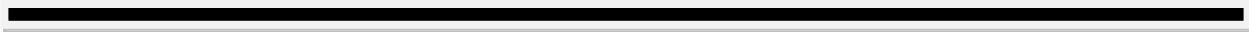
Student Name: _____ Date: _____

Student Address: _____

Phone Number: _____ email: _____

Please indicate the **TOTAL NUMBER** of any hours spent in a clinical setting* = _____.

***Any paid or volunteer work performed in a veterinary facility including observation hours can be included.** Please complete the entire form to verify this experience.



To be Completed by the Supervisor where hours were completed (if you have hours at multiple facilities, please fill out multiple forms):

The applicant whose name appears above intends to apply for admission to the Veterinary Medical Technology Program at Joliet Junior College. This applicant has indicated that he/she worked or volunteered with you in some capacity at your veterinary facility. Please complete the form as accurately as possible to help increase the applicant's chances for acceptance into the program.

Supervisor Name (print): _____ Position: _____

Facility Name: _____

Address: _____

Phone Number: _____ email: _____

Please indicate whether the information above regarding dates/hours volunteered/worked are accurate.

Yes _____ No _____ Comments: _____

Thank you for taking your time to complete this form. Please sign and date below, before submitting.

Print Name: _____

Signature: _____ Date: _____

Please return the completed form to the Office of Admissions.

- Fax: 815 280-2741
- Email: sbarrera@jjc.edu
- Mail: Joliet Junior College, Attention Admissions, 1215 Houbolt Road, Joliet IL 60431.

Should you have any questions regarding this form please contact the Director of Veterinary Medical Technology Program, Eileen McKee, CVT or email: emckee@jjc.edu

JOLIET JUNIOR COLLEGE
Animal Experience (Other)

Student Name: _____

Applicant ranking percentage can also be increased by verifiable animal experience outside the veterinary clinic setting. Any of the experiences below will count as animal experience.

Please indicate below with a **“Yes”** the verifiable experience gained prior to application. Enter **“No”** if you have no experience to report in that option.

1. _____ Successful completion of a **Veterinary Assistant Certificate**. **Verification of the certificate needs to be submitted.**

2. _____ **Animal experience**. All verifiable animal care and training experience, including 4-H, FFA, or volunteer/paid hours in an animal rescue/boarding facility. **Please have verification provided below. Certificate can be used as verification or have supervisor fill out information below.**



TO BE COMPLETED BY Supervisor/Instructor from animal experience site:

The applicant whose name appears above intends to apply for admission to the Veterinary Medical Technology Program at Joliet Junior College. This applicant has indicated that he/she worked or volunteered with you in some capacity. Please complete the form as accurately as possible to help increase the applicant’s chances for acceptance into the program.

Supervisor/Instructor Name (print): _____ Position: _____

Facility Name: _____

Address: _____

Phone Number: _____ email: _____

Please indicate whether the information above is accurate.

Yes _____ No _____

Thank you for taking your time to complete this form. Please sign and date below, before submitting.

Signature: _____

Date: _____