



**MIAMI DADE COLLEGE SCHOOL OF HEALTH SCIENCES
Veterinary Technology Program
OBSERVATION HOURS FORM**

Applicant information

Student Name (please print clearly): _____

MDC ID #: _____

Mailing Address: _____

Telephone: _____

Supervising Facility Information

Name: _____

Address: _____

Phone number: _____

Number of hours completed by the applicant at this facility: _____

***Minimum of 30 hours is required**

Verified by CVT/RVT/LVT or Veterinarian:

Print Name: _____

License number: _____

Signature: _____ **Date:** _____

Comments (optional): _____

This form must be submitted to Ms. Letsha Arnett prior to registration of the fall term(larnett@mdc.edu)

***If employed as a Vet Tech a minimum of three months of work experience is required in lieu of volunteer hours.**

Please keep a copy of this form.