



Dear Doctor/Veterinary Technician,

The purpose of this letter is to introduce \_\_\_\_\_ who is applying for admission into the Veterinary Technology Program at Pierce College.

As an introduction into the veterinary medical profession, the applicant is required to spend a minimum of 20 hours observing how veterinary medicine is conducted in a private practice setting. The intent of this exposure is to allow the applicant to “job shadow” you, your associate(s) and/or your licensed veterinary technician(s). The applicant has been provided with a list of tasks to observe and will be asking you or your staff to check off those tasks after they have been observed. Be aware that neither the applicant nor the school carries any insurance coverage during this observation time. The applicant is not required to “perform” any of the tasks but only to observe them. Additionally, the applicant is asked to discuss some topics with you and/or your staff about veterinary medicine in general and about veterinary technology specifically.

Thank you for your cooperation in this academic endeavor. With the proper exposure to the profession, many of these applicants may go on to pursue veterinary medicine or veterinary technology as their intended profession. Your help is appreciated in identifying those individuals who appear eager to follow this career path.

Sincerely,

Pierce College Ft Steilacoom  
Veterinary Technology Program

# APPLICATION PROCEDURE FOR VETERINARY TECHNOLOGY

All applicants must meet the following deadline and submit the required documents in order to be eligible for admission consideration into the Program. It is the applicant's responsibility to see that his/her file is complete.

## APPLICATION DEADLINE: WEDNESDAY, APRIL 15, 2009

1	Admissions Form with \$40.00 Non-refundable Application fee ( <i>mail to the Cashiers Office at the address on form below</i> )
2	<b>Official Transcripts:</b> Transcript(s) for Algebra, Biology, Chemistry, English and Medical Terminology classes. (It is only necessary to submit transcripts from schools at which prerequisite courses were completed.) <b>Must be sent or hand carried in a sealed tamper-proof school envelope.</b> Please refer to the "ADMISSION GUIDELINES" on page 4 for more information about <u>required classes</u> .
3	<b>Official HOBET Test Scores:</b> <b>Must be sent or hand carried in a sealed tamper-proof school envelope.</b> Please refer to the "ADMISSION GUIDELINES" on page 5 for more information regarding the HOBET Test.
4	Task Observation Form
5	Recommendation/Reference Form
6	Discussion Topics

MAIL PROGRAM DOCUMENTS &  
OFFICIAL TRANSCRIPTS TO:

Pierce College Admissions Office  
Veterinary Technology Program  
9401 Farwest Drive SW  
Lakewood WA 98498

(Detach here)

### Application Fee for Veterinary Technology 2009

**\*IMPORTANT: PLEASE COMPLETE THE INFORMATION BELOW AND RETURN IT WITH YOUR APPLICATION FORM AND \$40.00 NON-REFUNDABLE APPLICATION FEE TO:**

**PIERCE COLLEGE CASHIERS OFFICE**  
9401 Farwest Drive SW  
Lakewood, WA 98498

NAME: \_\_\_\_\_ DAY PHONE: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Street Apt City State Zip Code  
STUDENT ID: \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_

Payment type (circle one):     Check     Money Order     Cash (walk-ins only)  
 VISA    MASTERCARD# \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*An acknowledgment of your payment will be sent to the above address within one week of its receipt.  
Office Use – CASHIER'S CODE-FC/FH

# Request for Transcript

**Due date April 15, 2009**

To: Registrar

Date \_\_\_\_\_

\_\_\_\_\_  
(Institution)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Please send an official transcript to:

Pierce College Fort Steilacoom  
Admissions Office/Veterinary Technology  
9401 Farwest Dr SW  
Lakewood WA 98498

Name(s) while attending \_\_\_\_\_

Current name (if different) \_\_\_\_\_

SID# \_\_\_\_\_ Birth Date \_\_\_\_\_

Month and year of last enrollment \_\_\_\_\_

Student's Signature \_\_\_\_\_ Current Address \_\_\_\_\_

Day phone # \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Instructions:** It is the responsibility of each applicant to the Veterinary Technology Program to request an official transcript (that shows the completion of and grade earned) for each prerequisite course (Algebra, Biology, Chemistry, English and Medical Terminology). Only "Official Transcripts" will be accepted. Official transcripts are those that are sent directly from one institution to another or hand carried to the Pierce College Admissions Office in an unopened, official envelope. **If your prerequisite courses were taken at Pierce College, you must request that a transcript be sent from the Records Office to the Admissions Office.**

Please complete this form and send it directly to the school(s) you attended. (You should contact them first to ask if a transcript fee for mailing is required.)

Applicant Name \_\_\_\_\_  
(Please print clearly)

**Due date April 15, 2009**

SID# \_\_\_\_\_

## **TASK OBSERVATION FORM**

**Doctor or technician:** Please **place your initials** next to the tasks once they have been observed. Not all tasks are required, but **at least 90%** of these tasks must be observed. A total of twenty hours is required at a veterinary hospital/clinic.

### **NURSING**

- \_\_\_\_\_ Observe daily animal care (i.e., cage/run/stall cleaning, exercising, feeding)
- \_\_\_\_\_ Observe daily treatments of hospitalized patients (i.e., rounds, patient orders)
- \_\_\_\_\_ Observe administration of meds via the oral, injectable **and** intravenous routes
- \_\_\_\_\_ Observe physical examination
- \_\_\_\_\_ Observe client interaction (i.e., history taking, behavior or nutrition counseling)
- \_\_\_\_\_ Observe emergency triage
- \_\_\_\_\_ Observe euthanasia
- \_\_\_\_\_ Discuss the diagnostic points of a radiograph or observe ultrasonography  
(NOTE: DO NOT expose applicant to radiation under any circumstances!)

### **SURGERY**

- \_\_\_\_\_ Observe major surgery (i.e., open abdominal surgery, orthopedic surgery)
- \_\_\_\_\_ Observe minor surgery (i.e., draining abscess, debriding traumatic wound)
- \_\_\_\_\_ Observe dental prophylaxis
- \_\_\_\_\_ Discuss operation of a gas anesthesia machine
- \_\_\_\_\_ Discuss equipment sterilization and aseptic technique

**(Continued on reverse side)**

**LABORATORY**

- \_\_\_\_\_ Observe external parasites on the animal
- \_\_\_\_\_ Observe external parasites by skin scraping
- \_\_\_\_\_ Observe internal parasites and/or eggs under a microscope
- \_\_\_\_\_ Observe blood cells and/or urine sediment under a microscope
- \_\_\_\_\_ Observe in-house blood testing (i.e., FeLV, FIV, heartworm, serum chemistry)
- \_\_\_\_\_ Observe intravenous blood draw

**FRONT OFFICE**

- \_\_\_\_\_ Observe telephone procedures
- \_\_\_\_\_ Observe making appointments
- \_\_\_\_\_ Observe record keeping
- \_\_\_\_\_ Observe dispensing prescriptions and/or over-the-counter medications

By initialing the above tasks, I attest that a minimum of 20 hours was logged by this applicant while observing these tasks at this hospital/clinic.

\_\_\_\_\_  
Veterinarian's/Technician's Name (Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Veterinarian's/Technician's Signature

Hospital/Clinic name \_\_\_\_\_

Phone (\_\_\_\_\_)\_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

SID# \_\_\_\_\_

**Due date April 15, 2009**

**RECOMMENDATION / REFERENCE FORM  
Pierce College Veterinary Technology Program**

**PLEASE PRINT:**

I, \_\_\_\_\_, a Veterinary Technology Program applicant, give  
Applicant's name  
my permission to \_\_\_\_\_, to complete this reference  
Recommending person's name  
form and mail it to the Admissions Office Pierce College Fort Steilacoom

*Per provisions of Part 99 of Title 45 of the Code of Federal Regulations on the confidentiality of the completed statement, the applicant has selected one of the following two options (a) or (b) by initialing in one of the appropriate spaces.*

- \_\_\_\_\_ (a) I understand the completed statement will be held in confidence from me by the Veterinary Technology Program.
- \_\_\_\_\_ (b) I understand that I have the right to inspect and review the completed statement in the office of the Program Director.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**TO THE PERSON MAKING THE RECOMMENDATION:**

Please rate how strongly you agree with the below statements as they relate to the applicant. Use **5 to indicate "strongly agree"**, use **1 to indicate "strongly disagree"**, use **UNK if that characteristic is unknown to you or does not apply to this applicant.**

<b>This person...</b>	<b>(strongly agree)</b>					<b>(strongly disagree)</b>	
1. has high moral character	5	4	3	2	1	UNK	
2. is a responsible person	5	4	3	2	1	UNK	
3. enjoys dealing with animals	5	4	3	2	1	UNK	
4. handles animals well	5	4	3	2	1	UNK	
5. shows genuine concern for animals	5	4	3	2	1	UNK	
6. is compassionate	5	4	3	2	1	UNK	

**(Continued on reverse side)**

7.	treats people with respect	5	4	3	2	1	UNK
8.	has a strong work ethic	5	4	3	2	1	UNK
9.	works well as a team member	5	4	3	2	1	UNK
10.	works well independently	5	4	3	2	1	UNK
11.	efficiently performs assignments	5	4	3	2	1	UNK
12.	works to capacity	5	4	3	2	1	UNK
13.	follows directions well	5	4	3	2	1	UNK
14.	communicates well	5	4	3	2	1	UNK
15.	is open to new ideas and methods	5	4	3	2	1	UNK
16.	enjoys learning	5	4	3	2	1	UNK
17.	accepts constructive criticism well	5	4	3	2	1	UNK
18.	handles herself / himself well in difficult / stressful situations	5	4	3	2	1	UNK

What would you identify as the applicant's strengths \_\_\_\_\_  
\_\_\_\_\_

weaknesses \_\_\_\_\_  
\_\_\_\_\_

I have known the applicant for \_\_\_\_\_(months/years) in the capacity as a/an  
\_\_\_\_\_(student, employee, co-worker, etc) from  
\_\_\_\_\_(name of school, business, etc).

\_\_\_\_\_ I **highly recommend** this applicant                      \_\_\_\_\_ I **recommend** this applicant  
\_\_\_\_\_ I **do not recommend** this applicant

---

Signature	Phone number	Date
-----------	--------------	------

Use an additional sheet of paper to express any further comments about this applicant.

Please mail completed form  
**on or before April 15, 2009** to: Pierce College Fort Steilacoom  
Admissions Office/Veterinary Technology  
9401 Farwest Drive SW  
Lakewood WA 98498

Applicant Name \_\_\_\_\_

**Due date April 15, 2009**

SID# \_\_\_\_\_

## **DISCUSSION TOPICS**

Write some short essay answers for all of the following questions after discussing these topics with the veterinarian(s) and/or technician(s) at your observation site. **Hand write your answers** on your own paper and include them with the Task Observation form. **(DO NOT type your answers.)** Typed submissions will not be accepted and will invalidate your application. The answers will be evaluated for their content and for your writing ability (grammar, vocabulary, legibility, punctuation, etc). **Be sure to write your name and SID# on each of the pages you submit. We cannot be responsible for unidentified documents.**

1. What amount of pay can I expect as a licensed veterinary technician?
2. What are considered to be normal working hours for a veterinary technician?
3. What employment benefits usually accompany a job in private practice?
4. List other potential employment situations for technicians, in addition to private practice.
5. List some positive aspects of being a licensed veterinary technician.
6. List some negative aspects of being a licensed veterinary technician.
7. Discuss the types and scope of insurance available for animals.
8. Describe your past animal-related experiences and discuss what you have done to prepare yourself for a career as a veterinary technician.