

**GENESEE COMMUNITY COLLEGE
VETERINARY TECHNOLOGY PROGRAM
Work Experience Recommendation Form**

Applicant: Please print name and sign waiver below to release information requested and give form to the person who supervised your volunteer/work experience in veterinary technology.

Print Name: _____

WAIVER: Pursuant to the Family Education Rights and Privacy Act (Buckley Amendment) signed into law on 12/31/74; I, the undersigned, DO _____ DO NOT _____ waive my right of access to inspect and review this letter of recommendation.

Signature: _____

Supervisor: The above-named individual is seeking admission to GCC's Veterinary Technology Program and has indicated that she/he has volunteered or worked at your facility. We request that applicants complete a minimum of 10 hours of experience in a veterinary clinic, humane society, zoo, or other animal-related environment. We would appreciate your verification of the applicant's experience by completing this form and returning it directly to us at the address below at your earliest convenience.

Overall, I would rate the applicant as:

_____ **Highly Recommended for the Vet Tech Program**

_____ **Recommended for the Vet Tech Program**

_____ **NOT Recommended for the Vet Tech Program**

Applicant's relationship to your facility: _____ Volunteer _____ Employee

Total number of hour's applicant participated in a veterinary environment: _____

Date: _____

Identify, as closely as possible, the number of hours (or percent of time) applicant spent in each of the following activities:

_____ Observation of Vet Tech duties (lab work, X-ray, surgical assisting)

_____ Observation of other animal care activities (e.g. reception, client education, record keeping)

_____ Participation in non-direct animal care activities (e.g. clean treatment areas, wrap surgical packs)

_____ Participation in direct animal care activities (e.g. restrain animal during treatment, assist clients with animal transport, and kennel duty)

Comments: _____

Name of facility: _____

Address: _____

Telephone: (____) _____

Name/Title of Person completing form: _____

Signature: _____ Date: _____

Please return to: Genesee Community College - Veterinary Technology Program
One College Road, Batavia, NY 14020