

NAME: _____

DMACC ID: _____

Tasks to be observed:

1. Minor surgical procedure (ex. Abscess drainage) _____
2. Major surgical procedures (ex. OHE) _____
3. Office procedures (ex. End of day reports) _____
4. Client interaction (ex. Patient Discharge) _____
5. Kennel or stall cleaning (ex. Cage clean-up) _____
6. Animal Medicating (ex. Pilling a pet) _____
7. Euthanasia If possible (not required) _____
8. Instrument Cleaning _____
9. Laboratory work (ex. CBC, Fecal, UA) _____
10. Various other treatment procedures (Ex. Enema, Expressing Anal Glands) _____

Suggested Topics of Discussion

1. Anticipated wages of RVTs _____
2. Working hours of RVTs _____
3. Employment benefits anticipated (ex. Paid vacation, health insurance, etc) _____
4. Rewards of being a RVT _____
5. Challenges associated with being a RVT _____

Printed Name of RVT

Date

Name of Hospital

Total Hours Completed/Initials of RVT

Address of Hospital

Telephone of Hospital

NOTE: Contact information of the Hospital is required for hours to be accepted. Attach additional sheets as needed to record all observations and discussion points.