



VETERINARY TECHNOLOGY PROGRAM
STUDENT OBSERVATION HOURS TIME SHEET
PRE-APPLICATION PROGRAM REQUIREMENT



Student Name: _____

PLEASE RETURN COMPLETED FORM TO:

Veterinary Technology Program
Chattanooga State Community College
4501 Amnicola Hwy
Chattanooga, TN 37406

Phone: (423)697-4733 or 697-2521
 Fax: (423)697-2595

VETERINARY CLINIC NAME: _____

CLINIC ADDRESS: _____

CLINIC PHONE: _____

VETERINARIAN'S NAME: _____

STUDENT'S EMAIL ADDRESS:

STUDENT STATUS: VETERINARY TECHNOLOGY MAJOR

PLEASE NOTE: COMPLETION OF THIS REQUIREMENT DOES NOT GUARANTEE ACCEPTANCE INTO THE VETERINARY TECHNOLOGY PROGRAM.

SUPERVISOR (IF DIFFERENT THAN VETERINARIAN LISTED ABOVE): _____

DATE	START TIME	END TIME	TOTAL HOURS
TOTAL NUMBER OF OBSERVATION HOURS:			

Veterinarian/Supervisor comments:

STUDENT SIGNATURE: _____

DATE: _____

VETERINARIAN/SUPERVISOR SIGNATURE: _____

DATE: _____