



Blue Ridge Community College  
Veterinary Technology Clinical Observation Report

Applicants must complete **40 hours** of clinical observation in a veterinary practice that employs a **licensed veterinary technician**.

Applicant section:

Applicant name \_\_\_\_\_

EMPLID # \_\_\_\_\_

Email Address \_\_\_\_\_

Hospital name \_\_\_\_\_

Veterinarian \_\_\_\_\_

Licensed Veterinary Technician \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Observation dates: \_\_\_\_\_

Total hours: \_\_\_\_\_

Describe the scope of your observation (procedures, activities, personnel observed):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Veterinarian and licensed veterinary technician section:

Veterinarian/LVT comments (optional): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
***Veterinarian Signature***

\_\_\_\_\_  
***Licensed Veterinary Technician Signature***

Applicant will upload form as outlined on application for admission.