**Pikes Peak State College – Veterinary Clinical Experience Form**

Dear Doctor and Lead Technician,

First-hand experience in veterinary practice helps potential Veterinary Technology students better understand the demands of our profession. We require all the prospective PPSC (Pikes Peak State College) VT students to volunteer/job shadow and experience what credentialed technicians do at work. The goal of the experience is to help students make informed decisions about this degree and profession. Ideally the student will spend a significant portion of the time with your technical staff.

Sincerely,

Kristin Ballotti DVM

Veterinary Technology program director

[Kristin.ballotti@pikespeak.edu](mailto:Kristin.ballotti@pikespeak.edu)

719-502-3541

**Applicant: Submit this completed document with your application**

I, the undersigned veterinary technician, licensed in the state of Colorado, acknowledge that.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has spent at least 4 hours working in, observing and/or experiencing veterinary clinical settings. This exposure could best be described as: (circle one)

Small animal practice

Mixed animal practice

Large animal practice primarily food and fiber animal practice

Equine practice

Other practice (please describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of practice/clinic \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Veterinary technician name (please print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Veterinary technician signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_