

# Weatherford College Veterinary Technology Program

## Clinical Experience Record

Complete this record showing a minimum of 5 hours working or shadowing in a veterinary clinic environment. These hours should be completed under the supervision of a Licensed Veterinary Technician (LVT) or a Veterinarian (DVM). Please include contact information for your supervisor, and have the completed form signed by the supervisor prior to submission.

### Clinic and Supervisor Information:

Clinic Name: \_\_\_\_\_ Supervisor Email: \_\_\_\_\_  
Supervisor Name: \_\_\_\_\_ Supervisor Phone: \_\_\_\_\_

### Clinical Experience Log:

Date	Hours worked	Employment, Volunteer, or Shadow (choose one)	Short description of duties or experience

Supervisor Signature: \_\_\_\_\_