



Veterinary Observation Verification Form

Thank you for allowing our prospective student the opportunity to observe you as part of the application process. Please complete the information listed below including any notes you feel may be beneficial when the Enrollment and Veterinary Nursing departments are evaluating this candidate for acceptance.

Student Information:

Student Name: _____

Email: _____

Observation Site Information

Clinic/Hospital Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Observation Details:

Start Date: _____ End Date: _____

Total Hours Completed (Minimum Required: 20 hours): _____

Skills/Areas Observed (check all that apply):

☐ General patient exams

☐ Animal handling/restraint

☐ Surgical procedures

☐ Client communication

☐ Laboratory/diagnostics

☐ Emergency/critical care

☐ Radiology/imaging

☐ Other: _____

☐ Pharmacy/medication preparation



Veterinary Observation Verification Form

Supervisor Verification

I verify that the above-named student has completed the observation hours listed and conducted themselves in a professional and appropriate manner while at this facility.

Name of Supervising Veterinarian/Technician: _____
(print)

Supervisor Signature: _____ Date: _____

Optional Comments:

Student Acknowledgment:

I confirm that I have completed the observation hours as documented above.

Student Signature: _____ Date: _____

Once completed please email to ATTN: Enrollment enroll@johnson.edu as an attachment.