**ALL FIELDS IN THIS DOCUMENT ARE REQUIRED TO BE COMPLETED.**

**INSTRUCTIONS for STUDENTS**: Clinic hours for this course must be at least 20 hours during the entire semester. A minimum hour requirement of 2 hours per visit to the site with a maximum of 6 hours per visit. Students must visit the site between 4-5 times during the semester to meet the requirement. Supervisor MUST sign off on each day you attend and complete the log. By signing the supervisor is attesting to your participation in the required hours. Comments from them are required on your progress, participation, etc. *Failure to complete the required hours (including filling out this document in its entirety will result in failing the course). The instructor reserves the right to verify a student’s participation at the site listed below. For this reason, it is recommended that you leave a copy of this completed document with the supervisor for reference. If they cannot verify it with the instructor, you will not get credit.*

**Clinical Site Instructions:** The student listed below is participating in an online vet tech program and as part of their course requirements they are required to complete 20 hours of animal care in an animal care facility. This gives them the opportunity to give back to their community, learn to care for animals, etc. They may be a volunteer, intern or employee but must volunteer for you at least 2 hours per visit and a maximum of 6 hours per visit. Please use them in your organization and if you have any questions please email CVCVetTech@dccccd.edu and someone from the vet tech staff will be happy to answer any questions you may have. Thank you for allowing them the opportunity to serve your community and the animals within it.

* **Acceptable activities**: Sanitation: Cleaning of cages, kennels, runs, stalls, etc. **Enrichment:** Walking, playing, training, working with animals. **Other duties:** Restraint, grooming (bathing, brushing, clean ears, trim nails, etc), medicating, feeding/watering, assist with intake and adoption, breed identification, etc.

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| **Clinical Site Information** |
| **Name** |  |
| **Address** |  |
| **City** |  | **State** |  | **Zip** |  |
| **Phone** |  | **Email** |  |
| **Supervisor Name Print** |  |
| **Supervisor Phone** |  | **Supervisor Email** |  |
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| **Student Information** |
| **Name** |  | **Student ID** |  |
| **Address** |  |
| **Phone** |  | **State** |  | **Zip** |  |
| **City** |  | **Email** |  |
| **List all courses enrolled in for the semester** |  |
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| **Hours & Duties Verification** |
| **Date & Time** | **Duties Completed** | **Supervisor Signature**  |
| **Date** | **Time In** | **Time Out** | **Total Hours** |  |  |
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| **Total Hours Completed** |  |  |
| **Supervisor Comments on Student’s Participation/Progress:**  |

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| --- | --- | --- |
|  |  |  |
| Supervisor Signature |  | Date Completed Hours |
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