**Pierce College Veterinary Technology Program Application Packet**

**Checklist Form**

**Due: April 15, 2025**

**All Deadlines, Prerequisites, Document Submissions, etc. are the Sole Responsibility of the Applicant**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**LAST NAME FIRST MIDDLE PREVIOUS NAME**

**STUDENT ID BIRTHDATE PIERCE COLLEGE STUDENT EMAIL (Required)**

**ADDRESS CITY STATE ZIP**

**CELL PHONE HOME PHONE PERSONAL EMAIL (OPTIONAL)**

**CHECKLIST: The following items must be included/completed as part of your Application Packet - Missing Items will invalidate your application**

**Pierce College Admissions online for Fall 2025 unless currently enrolled. If you are not currently taking classes at Pierce College, you are required to submit an admissions form online. This must be done prior to submitting the Veterinary Technology Program Application Packet**

**Copy of receipt for the Veterinary Technology Application Fee of $30.00. This fee must be paid in advance, include a copy of this receipt as part of your Application Packet.**

**Veterinary Technology Checklist Form** Approval to use previous year’s application forms **MUST** be

granted by the Veterinary Technology’s Program Director.

**Activate Student Email**

**TEAS test-sealed official test scores**

**Task Observation Form**

**Recommendation/Reference Form**

**Discussion Topics Essay Answers**

**Approved Course Exception Form, if applicable**

**Sealed official transcripts from ALL SCHOOLS where prerequisite course work completed through Spring Quarter 2025. Pierce College students must submit a Transcript Request Form with your application packet, you can get this form at:** [www.pierce.ctc.edu/site/default/files/transcript.pdf](http://www.pierce.ctc.edu/site/default/files/transcript.pdf)

**REAPPLICANT to Veterinary Technology Program. 🞏 YES 🞏 NO**

**By signing below, I verify that the information contained in my application materials has been provided honestly and to the best of my ability. I understand that the materials I have provided are considered to be my full and complete application upon which admission to the Pierce College Veterinary Technology Program will be determined. NOTE: *Program Application submission does not guarantee acceptance into our Program, nor do we have a wait-list for acceptance. Applicants must complete a full application each year they apply.***

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SIGNED DATE**

**\*\*NOTE\*\* Completed Application Packets Must be received no later than 3pm, Tuesday, April 15, 2025.**

**NO POSTMARKS ACCEPTED**

**Pierce College Fort Steilacoom**

**Attn: Veterinary Technology**

**9401 Farwest Dr. S.W.**

**Lakewood, WA 98498**

PC

**PIERCE COLLEGE VETERINARY TECHNOLOGY PROGRAM**

**Application Fee $30.00**

**Non-Refundable**

**Contact the Veterinary Technology Program for more information on how to pay this fee online at** [**vet-tech@pierce.ctc.edu**](mailto:vet-tech@pierce.ctc.edu) **or take this form to Cashier’s Office to pay in person**

**Due: April 15, 2025**

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STUDENT ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street apt #

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

City State Zip

DAY PHONE: (\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CELL PHONE: (\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_- \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

For Payment with a credit card, please call Cashiering at 253-964-6700 or in person

For payment online, contact the Veterinary Technology Program at [vet-tech@pierce.ctc.edu](mailto:vet-tech@pierce.ctc.edu)

CASHIER CODE – FC/FH



Dear Doctor/Veterinary Technician,

The purpose of this letter is to introduce \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ who is applying for admission into the Veterinary Technology Program at Pierce College.

As an introduction into the veterinary medical profession, the applicant is required to spend a minimum of 20 hours observing how veterinary medicine is conducted in a private practice setting. The intent of this exposure is to allow the applicant to “job shadow” you, your associate(s) and/or your licensed veterinary technician(s). The applicant has been provided with a list of tasks to observe and will be asking you or your staff to check off those tasks after they have been observed. Be aware that neither the applicant nor the school carries any insurance coverage during this observation time. The applicant is not required to “perform” any of the tasks but only to observe them. Additionally, the applicant is asked to discuss some topics with you and/or your staff about veterinary medicine in general and about veterinary technology specifically.

Thank you for your cooperation in this academic endeavor. With the proper exposure to the profession, many of these applicants may go on to pursue veterinary medicine or veterinary technology as their intended profession. Your help is appreciated in identifying those individuals who appear eager to follow this career path.

Sincerely,

Pierce College Ft Steilacoom

Veterinary Technology Program

**TASK OBSERVATION FORM**

Due Date April 15, 2025

Students Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATES OF OBSERVATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Doctor or technician**: Please **place your initials** next to the tasks once they have been observed. **At least 18** of these tasks must be observed. A total of twenty hours is required at a veterinary hospital/clinic.

**NURSING**

\_\_\_\_\_\_ Observe daily animal care (i.e., cage/run/stall cleaning, exercising, feeding)

\_\_\_\_\_\_ Observe daily treatments of hospitalized patients (i.e., rounds, patient orders)

\_\_\_\_\_\_ Observe administration of medication via oral and injectable routes

\_\_\_\_\_\_ Observe physical examination

\_\_\_\_\_\_ Observe client interaction (i.e., history taking, behavior or nutrition counseling)

\_\_\_\_\_\_ Observe emergency triage

\_\_\_\_\_\_ Observe/Discuss euthanasia

\_\_\_\_\_\_ Discuss the diagnostic points of a radiograph and/or observe ultrasonography

**(NOTE: DO NOT expose applicant to radiation under any circumstances!)**

**SURGERY**

\_\_\_\_\_\_ Observe major surgery (i.e., open abdominal surgery, orthopedic surgery)

\_\_\_\_\_\_ Observe minor surgery (i.e., draining abscess, debriding traumatic wound)

\_\_\_\_\_\_ Observe dental prophylaxis

\_\_\_\_\_\_ Discuss operation of a gas anesthesia machine

\_\_\_\_\_\_ Discuss equipment sterilization and aseptic technique

**LABORATORY**

\_\_\_\_\_\_ Observe external/internal parasites or their ova on an animal or under the microscope

\_\_\_\_\_\_ Observe blood cells and/or urine sediment under a microscope

\_\_\_\_\_\_ Observe in-house blood testing (i.e., FeLV, FIV, heartworm, serum chemistry)

\_\_\_\_\_\_ Observe intravenous blood draw

**FRONT OFFICE**

\_\_\_\_\_\_ Observe telephone procedures

\_\_\_\_\_\_ Observe making appointments

\_\_\_\_\_\_ Observe record keeping

\_\_\_\_\_\_ Observe dispensing prescriptions and/or over-the-counter medications

By initialing the above tasks, I attest that a minimum of 20 hours was logged by this applicant while observing these tasks at this hospital/clinic.

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

Veterinarian’s/Licensed Technician’s Name (Print) Date

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

Veterinarian’s/Licensed Technician’s Signature

Hospital/Clinic name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Phone (\_\_\_\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**RECOMMENDATION / REFERENCE FORM**

**Pierce College Veterinary Technology Program**

**Due date April 15, 2025**

**PLEASE PRINT:**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Veterinary Technology Program applicant, give

Applicant’s name

my permission to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, to complete this reference

Recommending person’s name

form and place it in a sealed envelope to be submitted with the completed application packet.

*Per provisions of Part 99 of Title 45 of the Code of Federal Regulations on the confidentiality of the completed statement, the applicant has selected one of the following two options (a) or (b) by initialing in one of the appropriate spaces*.

\_\_\_\_\_\_ (a) I understand the completed statement will be held in confidence from me by the Veterinary Technology Program.

\_\_\_\_\_\_ (b) I understand that I have the right to inspect and review the completed statement in the office of the Program Director.

Applicant’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TO THE PERSON MAKING THE RECOMMENDATION:**

Please rate how strongly you agree with the below statements as they relate to the applicant. Use **5 to indicate “strongly agree”**, use **1 to indicate “strongly disagree”**, use **UNK if that characteristic is unknown to you or does not apply to this applicant.**

**This person… (strongly agree) (strongly disagree)**

1. has high moral character 5 4 3 2 1 UNK

2. is a responsible person 5 4 3 2 1 UNK

3. enjoys dealing with animals 5 4 3 2 1 UNK

4. handles animals well 5 4 3 2 1 UNK

5. shows genuine concern for animals 5 4 3 2 1 UNK

6. is compassionate 5 4 3 2 1 UNK

**(Continued)**

7. treats people with respect 5 4 3 2 1 UNK

8. has a strong work ethic 5 4 3 2 1 UNK

9. works well as a team member 5 4 3 2 1 UNK

10. works well independently 5 4 3 2 1 UNK

11. efficiently performs assignments 5 4 3 2 1 UNK

12. works to capacity 5 4 3 2 1 UNK

13. follows directions well 5 4 3 2 1 UNK

14. communicates well 5 4 3 2 1 UNK

15. is open to new ideas and methods 5 4 3 2 1 UNK

16. enjoys learning 5 4 3 2 1 UNK

17. accepts constructive criticism well 5 4 3 2 1 UNK

18. handles herself /himself well 5 4 3 2 1 UNK

in difficult / stressful situations

What would you identify as the applicant’s:

Strengths \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Weaknesses \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

I have known the applicant for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (months/years) in the capacity as a/an

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (student, employee, co-worker, etc.) from

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of school, business, etc.).

\_\_\_\_\_ I **highly recommend** this applicant \_\_\_\_\_ I **recommend** this applicant

\_\_\_\_\_ I **do not recommend** this applicant

Signature Phone number Date

Use an additional sheet of paper to express any further comments about this applicant.

**Note to evaluator:**

Applicant will enclose this recommendation in the sealed envelope with his/her completed Application Packet. This Application Packet is due on/or before **April 15, 2025** to Pierce College Veterinary Technology Program.

Applicant Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Due date April 15, 2025**

**DISCUSSION TOPICS**

Write short essay answers for all of the following questions after discussing these topics with the veterinarian(s) and/or veterinary technician(s) at your observation site. The answers will be evaluated for their content and for your writing ability (grammar, vocabulary, punctuation, etc.). **Be sure to write your name on each of the pages you submit. We cannot be responsible for unidentified documents.**

1. What amount of pay can I expect as a licensed veterinary technician?
2. What are considered to be normal working hours for a veterinary technician?
3. What employment benefits usually accompany a job in private practice?
4. List other potential employment situations for technicians, in addition to private practice.
5. List some positive aspects of being a licensed veterinary technician.
6. List some negative aspects of being a licensed veterinary technician.
7. Describe your past animal-related experiences and discuss what you have done to prepare yourself for a career as a veterinary technician.