Veterinary Technology Returning Student Application Packet

Leanna M. Ruiz, L.V.T.
Recruiter/Advisor
Veterinary Technology Program
Thank you for your interest for re-admittance into the Palo Alto College Veterinary Technology Program. Remember if you dropped a course or withdrew from the program, you must have met with the Program Director, Laurie Pawelek, prior to dropping, to be eligible for consideration for re-admission. If you institutionally withdrew, supporting documentation must be provided which will aid in the decision for your eligibility for re-entry. Reminder, there is no automatic re-admission to the program.

If you desire to return to the program, the guidelines outlined in the Admissions Process must be followed. All requirements are based on a point system (to include GPA, request for reference, and essay), ranked accordingly, and will require an interview. It will be at the discretion of the program interview panel to deem if the applicant is accepted or declined for re-admission.

Application packets for re-admittance are accepted January 1st - June 1st for the upcoming fall semester and August 1st - November 1st for the upcoming spring semester. You will be notified by June 15th for fall and November 15th for spring, regarding a date and time for the interview.

If you are accepted for the fall, you must attend the mandatory orientation session that has been scheduled for Thursday, July 16, 2020. Additional orientation information will be provided once you have been notified of your status. If you are accepted for the spring, you will not have to attend an orientation but will be required to read all updated handbooks provided to you.

Sincerely,

Leanna Ruiz

Leanna M. Ruiz, L.V.T., Advisor/Recruiter
Veterinary Technology Program
Admission Process for Returning Students

Fall Returner Deadline: January 1st - Monday, June 1st 5:00pm
Spring Returner Deadline: August 1st - Friday, November 1st 5:00pm

The applicant must submit their application packet with all supporting documents once all requirements have been completed. The completed application packet should be turned in via email only: lgarcia539@alamo.edu

As a returning student all the following requirements are to be completed with each application.

Initial each requirement once you have completed it.

Initials:

1. **GPA:** Student must be a student in good standing and have a minimum **total** GPA of 2.0. All students will be ranked using multiple criteria which will include your GPA.

2. **Complete clinical experience hours:**
   a. A minimum of an additional 365 hours or more of documented clinical experience is required to be completed within 1-year of re application to PACVTP. (these hours **do not** include the required 80 hours for the initial application)
   b. The hours must be completed under the supervision of a D.V.M. or L.V.T. only

   **Acceptable proof of clinical hours includes BOTH of the following:**
   - A printed time sheet from the clinic worked/volunteered with the D.V.M. signature and total number hours worked.
   - The “Proof of Clinical Experience” form included in this packet which should be signed by a D.V.M. or L.V.T. only.
   --Shelter hours are acceptable as long as the hours are obtained in the clinic area and with a D.V.M. supervisor.

3. **Request for Reference:**
   a. Each applicant is responsible for procuring a signed request of reference from location of required clinical experience hours.
      - The “Request for Reference” form included in this packet must be completed by a D.V.M. or L.V.T. only.
   b. **Once the form is complete:** The DVM or LVT must submit the completed “Request for Reference” form via email to Lgarcia539@alamo.edu from their clinic email address. If this is received from any email address other than the DVM or LVTs work email address, the form will not be accepted.

4. **Action Plan Essay:**
   a. A 500-word essay, detailing changes you plan to make for successful continuation in the program and specifically addressing behaviors that led to unsuccessful course completion.
   b. Once the essay is complete please email to Leanna at the listed above email address.

5. **Submit application to PACVTP:**
   a. Submit “Veterinary Technology Program Application” form included in this packet to be considered for admission to the program.
   b. Submitting an application to PACVTP does not automatically guarantee re-acceptance in to the program.

6. **Veterinary Technology Interview:**
   a. Upon completion of all the above requirements you will be scheduled a time to attend a mandatory interview with the Veterinary Technology Department.

Applicant Signature ___________________________ Date ________________
Veterinary Technology Program
Proof of Clinical Experience

Fall Returner Deadline: Monday, June 1st 5:00pm  Spring Returner Deadline: Friday, November 1st 5:00pm

This is to certify that __________________________ has observed a minimum of 80 hours or more in my clinic within the last two years. We have discussed the following items:

i. Anticipated wages for a Licensed Veterinary Technician
ii. Working hours for a veterinary technician
iii. Benefits: vacation, continuing education allowance, uniform allowance (if applicable)
iv. Rewards of being a veterinary technician
v. Challenges associated with the job position

In addition, he/she has observed the following:

vi. Observation of minor surgical procedures: abscess drainage, laceration repair
vii. Observation of major surgical procedures- large or small animal
   1. Small animal- castration, ovariohysterectomy
   2. Large animal- C-section, displaced abomasums
viii. Observation of dental prophylaxis procedures
ix. Observation of the technician’s role in:
   1. Anesthesia
   2. Surgical assisting
   3. Sample collection
x. Office procedures:
   1. Appointment scheduling, invoice preparation, cash management
xi. Client interaction:
   1. History taking, client education
xii. Kennel or stall clean-up
xiii. Animal medicating
xiv. Euthanasia (if possible)
xv. Surgery pack preparation, instrument clean-up, sterilization of surgery items
xvi. Laboratory procedures:
   1. Parasitology, hematology, serology
xvii. Miscellaneous procedures:
   1. Anal sac expression, ear cleaning

________________________________________  _______________________________________
Signature of Veterinarian or Licensed Veterinary Technician  Date

________________________________________  _______________________________________
Signature of Applicant  Date
<table>
<thead>
<tr>
<th>Clinic List for Required Hours</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>St Francis of Assisi Veterinary Medical Center</strong></td>
<td><strong>Kitty Hawk Animal Hospital</strong></td>
</tr>
<tr>
<td>8151 Potranco Rd</td>
<td>1534 Kitty Hawk Rd</td>
</tr>
<tr>
<td>San Antonio, Tx 78251</td>
<td>Universal City Texas</td>
</tr>
<tr>
<td>210-505-6500</td>
<td>210-666-3574</td>
</tr>
<tr>
<td><strong>Deason Animal Hospital</strong></td>
<td><strong>Mission Vet Specialist</strong></td>
</tr>
<tr>
<td>1712 Dot</td>
<td>8202 N Loop 1504 W</td>
</tr>
<tr>
<td>Floresville Texas 78114</td>
<td>San Antonio, Tx 78249</td>
</tr>
<tr>
<td>830-393-4687</td>
<td>210-757-7373</td>
</tr>
<tr>
<td><strong>Animal Crossing</strong></td>
<td><strong>Humane Society of Bexar Co.</strong></td>
</tr>
<tr>
<td>5555 US 181</td>
<td>4804 Fredericksburg Rd.</td>
</tr>
<tr>
<td>Floresville Texas 78114</td>
<td>San Antonio, Tx 78226</td>
</tr>
<tr>
<td>830-393-3421</td>
<td>210-226-7461</td>
</tr>
<tr>
<td><strong>Humane Society of New Braunfels</strong></td>
<td><strong>Encino Park Animal hosp.</strong></td>
</tr>
<tr>
<td>West side community center</td>
<td>20770 N Hwy 281</td>
</tr>
<tr>
<td></td>
<td>San Antonio, Texas 78258</td>
</tr>
<tr>
<td>830-629-5287</td>
<td>210-497-3300</td>
</tr>
<tr>
<td><strong>Southeast Animal Hospital</strong></td>
<td><strong>Affordable Pet Care</strong></td>
</tr>
<tr>
<td>3608 S Gevers St</td>
<td>(all 3 locations)</td>
</tr>
<tr>
<td>San Antonio Tx 78210</td>
<td>San Antonio, Texas</td>
</tr>
<tr>
<td>210-534-4300</td>
<td>210-684-2273</td>
</tr>
<tr>
<td><strong>SNAP</strong></td>
<td><strong>Ten West Veterinary Hospital</strong></td>
</tr>
<tr>
<td>6758 Ingram Rd</td>
<td>Elysia Fulcher LVT</td>
</tr>
<tr>
<td>San Antonio, Texas 78238</td>
<td>San Antonio, Texas</td>
</tr>
<tr>
<td>210-673-7722</td>
<td>210-656-1700</td>
</tr>
<tr>
<td><strong>Babcock Hills Veterinary Hospital</strong></td>
<td><strong>Amigo Hospital</strong></td>
</tr>
<tr>
<td>6600 Prue Rd</td>
<td>Ana Karen</td>
</tr>
<tr>
<td>San Antonio, Texas 78240</td>
<td>San Antonio, Texas</td>
</tr>
<tr>
<td>210-597-6581</td>
<td>210-679-5600</td>
</tr>
<tr>
<td><strong>County Line Animal Hospital</strong></td>
<td><strong>Rebecca Amerson, LVT</strong></td>
</tr>
<tr>
<td>18174 US HWY 87W</td>
<td></td>
</tr>
<tr>
<td>LaVernia, Texas 78101</td>
<td></td>
</tr>
<tr>
<td>830-253-1041</td>
<td></td>
</tr>
</tbody>
</table>
Palo Alto College
Veterinary Technology Program
Request for Reference

Fall Returner Deadline: Monday, June 1st 5:00pm  Spring Returner Deadline: Friday, November 1st 5:00pm

(Printed Applicant Name) is requesting that you serve as a reference for his/her application for admission to the Veterinary Technology Program. To assist us in evaluating his/her application, please complete the following information and submit via email to lgarcia539@alamo.edu from your work email address. Do not return this form to the applicant.

In completing the form, please rate the applicant in comparison to other employees you have known.

<table>
<thead>
<tr>
<th></th>
<th>Exceptional</th>
<th>Above Average</th>
<th>Average</th>
<th>Below Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dependability/ Punctuality</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Enthusiasm</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Initiative</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Communication Skills</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cooperation with co-workers</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Probability of success in a veterinary technology program</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

How long have you known the applicant? _____ Year(s) _____ month(s) _____ week(s)

Please make any comments that you think would assist the program in evaluating the candidate’s application. (e.g., strengths and/or weaknesses. If more space is needed, please use the back of this sheet)

How would you rank the applicant for recommendation for the Veterinary Technology Program?

______ Highly recommend
______ Recommend
______ Unsure of recommendation
______ Cannot recommend

Must be signed by the D.V.M. or L.V.T.

________________________________________  __________________________
Signature                                      Date

________________________________________  __________________________
Printed or Typed Name                          Phone number (office, home, or cell)

________________________________________  __________________________
Clinic                                       Title

____________________________________________________________________
Address
Veterinary Technology Program Application for Returning Students

Fall Returner Deadline: Monday, June 1st 5:00pm  
Spring Returner Deadline: Friday, November 1st 5:00pm

This application is effective for ONLY one review. A new application is required for each admission request. 
New classes begin in the fall semester each year.

Last  First  M.I.  Other names used on records

Address

City  State  Zip

(______)__________  (______)__________  (______)__________
Home  Cell  Work

Email

Banner ID  SSN#  Birth Date

Please circle your answers below:

Have you ever applied for re-admission into this program in the past?  
No  Yes

If yes, what year(s)? _______________

Have you been readmitted into the program in the past?  
No  Yes

If yes, what year(s)? _______________

Have you ever been denied admission into the program in the past?  
No  Yes

If yes, what year(s)? _______________

NOTE: Students enrolling in this program who plan to transfer to a 4-year institution should consult a counselor about the transfer requirements of the veterinary technology courses to a 4-year institution. This program does not meet any of the requirements to apply for admission into a college of veterinary medicine.

I certify that the information furnished on this application is complete and correct. I have read and understand the programs Felony conviction policy stated in the online college catalog (http://www.alamo.edu/pac/vet-tech/degree-plans/).

Signature __________________________  Date __________________________

Email: lgarcia539@alamo.edu

Equal Education Opportunity: Alamo Colleges is committed to provide equal educational opportunities for all qualified persons without regard to race, color, sex, pregnancy, religion, creed, national origin (including ancestry), citizenship status, physical or mental disability, age, marital status, sexual orientation, gender, transgender status, gender identity, gender expression, veteran or military status (including special disabled veteran, Vietnam-era veteran, or recently separated veteran), predisposing genetic characteristics, domestic violence victim status, any other protected category under applicable local, state or federal law, or persons who have opposed discrimination or participated in any compliant process on campus or before a government agency.

Revised 7/31/2019
Program Contact Information

Website information:

www.alamo.edu/pac/vet-tech
https://www.facebook.com/PACVetTech
https://www.instagram.com/pacvtp_proud/

For questions regarding the program contact

PAC Stem Vet Tech Advisor       program Advisor/Recruiter

Malorie Vallejo                  Leanna Ruiz, L.V.T.
mvallejo34@alamo.edu             lgarcia539@alamo.edu

Palo Alto College
Veterinary technology Program 1400 W. Villaret Blvd.
San Antonio, TX 78224

(210) 486-3355       department main number (Elena Garza)
(210) 486-9171       Department fax

Other helpful numbers:

(210) 486-3000       College Operator
(210) 486-3117       Scholarship services
(210) 486-3444       Assessment & testing
(210) 486-3700       admissions & records
(210) 486-3600       Student financial Services