

**VETERINARY TECHNICIAN 1 and 2 APPLICATION FORM  
UNIVERSITY OF WISCONSIN-MADISON**

1. Are you currently licensed as a Veterinary Technician? \_\_\_\_\_ Yes \_\_\_\_\_ No

If "Yes", list your current license number: \_\_\_\_\_ State: \_\_\_\_\_

2. If 'No' to Question 1., are you currently eligible to obtain a Wisconsin license as a Veterinary Technician?

\_\_\_\_\_ Yes \_\_\_\_\_ No

*(Eligibility requires completion of a 4-semester animal technology program from an accredited school or a veterinarian's affidavit that you have been employed for at least 2 years with at least 50% of time spent in practical field experience.)*

3. Are you a graduate of an accredited Veterinary Technician program? \_\_\_\_\_ Yes \_\_\_\_\_ No

If "Yes", list name & location of school: \_\_\_\_\_

4. Please check the box below which describes your full-time experience performing each of the tasks listed:

	<u>Less than 6 months</u>	<u>At least 6 months, but less than 2 years</u>	<u>At least 2 years, but less than 4 years</u>	<u>At least 4 years</u>	<b>Office Use Only</b>
<b><u>LARGE ANIMAL:</u></b>					
Equine/Bovine Restraint					
IV catheterization/fluid therapy					
Monitoring vital signs					
Medication preparation/administration					
<b><u>SMALL ANIMAL:</u></b>					
Restraint					
IV catheterization/fluid therapy					
Monitoring vital signs					
Medication preparation/administration					
<b><u>SURGERY:</u></b>					
Aseptic techniques					
Patient preparation					
Identifying surgical instruments					
Sterile processing of surgical instruments					
<b><u>CRITICAL CARE/ANESTHESIA:</u></b>					
Critical patient monitoring					
Anesthesia induction/recovery					
Triage/CPR					
Fluid therapy					
<b><u>RADIOTHERAPY:</u></b>					
Radiotherapy procedures					
Small animal restraint					
Anesthesia induction/recovery					
Fluid therapy					

I certify that to the best of my knowledge all information provided in this questionnaire is true and the information offered can be verified if necessary through persons I can name as references if requested.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Name (print) \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_

Phone No. ( ) \_\_\_\_\_ home/cell

\_\_\_\_\_

( ) \_\_\_\_\_ work