



Veterinary Technology (VTEC) Program – APPLICANT REQUIREMENTS

Name: _____ Student #: _____

E-mail: _____ Preferred contact #: _____

1. I understand that the Douglas College VTEC Program is an intense full time diploma program, with 5-6 courses per semester, that may not allow for employment during the school year. **I certify that I will have adequate financial capacity to complete the VTEC Program.**
2. I understand that as part of the VTEC Program, I will be required to travel throughout the Lower Mainland and Fraser Valley for Farm Duties and Labs *including on weekends*. I understand that many of these sites are not on transit routes and that carpooling is not always possible. **I certify that I will be responsible for my own transportation needs while in the VTEC program.**
3. *If you have physical or mental health challenges you must have a plan in place to manage those challenges during the VTEC program. The program requires the handling and care of a variety of animal species including companion and farm animals. Allergic reactions to animals or animal bedding is common, and symptoms may worsen progressively with the repeated exposure during the VTEC Program.* I understand that the VTEC Program is physically, mentally and emotionally demanding. **I certify that I am mentally and physically able to fully participate in the VTEC Program, and will consult my physician or other health care provider(s) as required, in order to complete all program requirements.**
4. I understand that there may be an increased risk of exposure to tetanus due to my participation in the VTEC program. **I certify that I have had a tetanus vaccine booster within the last 10 years.**
5. **I certify that I will be 18 years of age by December 31 of program start.**
6. I understand that a Criminal Record Check (Police Information Check) may be required for participation in certain Douglas College VTEC practicums.
7. I declare that all information provided for my application for entry into the VTEC program, is complete and true in every respect. **I understand that failure to completely and truthfully answer questions or to provide information, may result in denial of entry or removal from the VTEC program.**

Signed: _____

Date: _____

Douglas College, Coquitlam Campus
Veterinary Technology Program
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Fax: 604-777-6269
Attention: Administrative Associate
vtec@douglascollege.ca