



East Suburban Animal Hospital
Application for Job Shadow Experience
724-325-3220

Job Shadow Coordinator: Katie Caslow, Office Manager E-mail: katiecaslow@comcast.net

Student Information:

Name: _____

Address: _____

E-mail: _____

Home/Cell Phone: _____ Date of Birth: _____

Name of School: _____ Grade: _____

Emergency Contact Name & Phone: _____

Purpose of Job Shadow: _____

Position you would like to Shadow:

Veterinarian -List any preference you may have for Veterinarian (not guaranteed) _____

Veterinary Technician

Preferred Dates/Available Times: If you would like to observe surgical procedures, these are done Mon-Fri 8am-noon)

Please indicate any special requirements for job shadow experience: _____

Have you shadowed with us before? _____ If so, when? _____

*Because of limited space and the nature of our work, Students must be able to shadow independently without parental or other supervision. We may call to schedule an interview before we schedule your job shadow.

If we are able to schedule a job shadow experience, please agree to the following:

1. I understand and accept this shadow experience and will abide by the instructions the supervisor describes and my school regulations.
2. If scheduled I understand that I will dress professionally, (nice jeans or slacks, nice shirt)
3. I will not use my cell phone while in exam rooms with the Doctor or technician
4. I hereby release East Suburban Animal Hospital from any liability arising from or in any way connected to the job shadow experience.

Student Applicant Signature _____ Date _____

If applicant is under 18 a parent/legal guardian must agree to above.

Parent/Legal Guardian Signature: _____ Date _____

****IF JOB SHADOW EXPERIENCE IS FOR SCHOOL, PLEASE COMPLETE THE NEXT PAGE**

****We will make every attempt to arrange a job shadow experience, occasionally we may already have booked students and cannot fulfill any more requests.**



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School Job Shadow Experience Requirements:

Please indicate how many hours student must job shadow to count as excused: _____

Will student have a list of questions that must be completed during job shadow experience? _____

Do you require a letter stating the job shadow has been completed? _____ If yes, please fill out below:

Teacher Name: _____

Teacher E-mail: _____

Teacher Signature: _____ Date: _____