

# Observer/Intern Information

*Please complete and return to Cassie*

9:00 Am – 5:00 Pm Monday through Thursday

177 Otrobando Ave, Norwich, CT 06360

Email: [Cassie@norwichtownvet.com](mailto:Cassie@norwichtownvet.com)

Phone: 860-886-0188

<http://www.norwichtownvet.com>

Name \_\_\_\_\_ Application Date \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Email \_\_\_\_\_

Employer \_\_\_\_\_ (if applicable)

Occupation \_\_\_\_\_ Work Phone \_\_\_\_\_

May we contact you at work? \_\_\_\_\_ (if applicable)

School/College \_\_\_\_\_ Level of education \_\_\_\_\_

Teacher Name \_\_\_\_\_ Class Title \_\_\_\_\_

Please briefly tell us why you are interested in observing at the *Norwichtown Veterinary Hospital* \_\_\_\_\_

**Parent/Guardian signature (Please print clearly)** \_\_\_\_\_

Indicate the days you are interested in observing \_\_\_\_\_

Do you have pets? \_\_\_\_\_ If so, please tell us a little about them \_\_\_\_\_

Are any of your pets patients here? \_\_\_\_\_

Observing for the *Norwichtown Veterinary Hospital* involves dealing with the general public and different types of people, how do you feel about interacting with people on a regular basis while observing? \_\_\_\_\_

Do you have any previous experience working with people? \_\_\_\_\_

Any previous experience working with animals? \_\_\_\_\_

If so, please explain \_\_\_\_\_

What subject would you or are you majoring in? \_\_\_\_\_

# Observer requirements

**Proper attire is required!** Please, only wear clean, unscathed scrubs. You can purchase these at either Walmart or Alexander's Uniforms in Norwich. Sneakers only please.

Observers will be scheduled to come in once or twice a week for a morning or afternoon in 1 – 4 hour sessions. This position can be held for up to one month. After that, others may be in line. (No extensions can be granted while there are others waiting in line). Only one observer per day due to space limitations.

**Norwichtown Veterinary Hospital** maintains the right to terminate any observers session at any time.

An observers position is to watch quietly in appointments or during procedures. As a courtesy to the paying client, we ask that you hold your questions and/or comments until the appointment is over when we will be happy to answer them for you. ***We also ask that you do NOT observe in the receptionists area behind the desk or be present during an in room euthanasia unless you have been given permission by a tech or Dr. to do so.***

**Safety** is always a concern, it is in our best interest to keep you safe at all times. We ask that you do **NOT** have contact with the animals unless the Dr./Tech has said it is ok.

If you are a student that is taking the Vet Assistant courses and require hours, you will be provided a time card to **write** your hours on and keep track for your own records. When the requirement is met, a technician or Vet can sign off for you.

Euthanasia and death are often a part of everyday practice. Do you feel you will be able to handle this emotionally? Yes\_\_\_\_\_ No\_\_\_\_\_

Please bring your list provided by the teacher on what you need to learn and a tech can sign off as you complete the tasks. (There are 5 techs and 2 Dr's that you can ask questions on how to do certain things) Do **NOT** hesitate to ask questions, we encourage you to. Your goal is to learn while you are here and you are welcome to read any book and/or magazine in the hospital but please do **NOT** take off the property unless you have permission.

Due to client/patient confidentiality, everything you observe is private information not to be shared with others.

We do have a small lounge downstairs that you can break in if you will be here for the day. A refrigerator, microwave, and toaster oven is available for your convenience.

These privileges are being shared with you courtesy of Dr. Crockett and are expected to be respected. If any of the above is disrespected at any time, your session will be terminated.

Student training does not entitle you to wages or a job at the conclusion of the training period.

# Waiver and medical treatment authorization form

In consideration for receiving permission for me/my child's participation in any and all activities I hereby release, waive, discharge, covenant not to sue, and agree to hold harmless for any and all purposes Dr. Crockett including her observers and employees (herein referred to as RELEASEES or INDEMNITEES) from any and all liabilities, claims, demands, injuries (including death), or damages, including court costs and attorney's fees and expenses, that may be sustained by me/my child while participating in such activity, while traveling to and from the activity, or while on the premises owned or leased by RELEASEES, including injuries sustained as a result of the sole, joint, or concurrent negligence, negligence per se, statutory fault, or strict liability of RELEASEES. I understand this waiver does not apply to injuries caused by intentional or grossly negligent conduct.

I, \_\_\_\_\_ the parent/guardian of \_\_\_\_\_ understand that there are risks involved with observing at the Norwichtown Veterinary Hospital.

I understand RELEASEES cannot be expected to control all of the risks articulated in this form and RELEASEES may need to respond to accidents and potential emergency situations. Therefore, I hereby give my consent for any medical treatment that may be required, as determined by a medical professional at a medical facility, during me/my child's participation in this work environment with the understanding that the cost of any such treatment will be my responsibility. I agree to indemnify and hold harmless INDEMNITEES for any costs incurred to treat me/my child, even if an INDEMNITEE has signed hospital documentation promising to pay for the treatment due to my inability to sign the documentation. I further agree to release, waive, discharge, covenant not to sue, and agree to hold harmless for any and all purposes, RELEASEES from any and all liabilities, claims, demands, injuries (including death), or damages, including court costs and attorney's fees and expenses, that may be sustained by me/my child while receiving medical care or in deciding to seek medical care, including while traveling to and from a medical care facility, including injuries sustained as a result of the sole, joint, or concurrent negligence, negligence per se, statutory fault, or strict liability of RELEASEES. I understand this waiver does not apply to injuries caused by intentional or grossly negligent conduct.

In signing this agreement I acknowledge and represent that I have read it, understand it, and sign it voluntarily as my own free act and deed; sponsor has not made and I have not relied on any oral representations, statements, or inducements apart from the terms contained in this agreement. I execute this document for full, adequate and complete consideration fully intending to be bound by the same, now and in the future. I understand I can choose not to sign this document and free myself and my child from its terms and the associated risks of the activity by simply not participating in the activity and choosing some other activity available to me/my child that has a lower level of risk to myself and my child. I further understand this is a voluntary, extracurricular activity. While I understand alternative activities are available to me/my child that do not have the risks associated with this activity I still desire to voluntarily engage/permit my child to engage in this activity.

**SIGNED on the \_\_\_\_\_, day of \_\_\_\_\_, 20\_\_**

**Participant Signature:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Participant's Date of Birth** \_\_\_\_\_

**Parent or Legal Guardian Signature:** \_\_\_\_\_

**(If Participant is under 18 years old)**

**Parent or Legal Guardian Printed Name:** \_\_\_\_\_

**(If Participant is under 18 years old)**

