



Dauphin County Technical School – Adult Ed
6001 Locust Lane
Harrisburg, PA 17109
717-652-3170 ext 7445 or 7436
Fax: 717-901-6766
www.workforcedev@dcts.org

Veterinary Assistant Program

The Veterinary Assistant program is a 300-hour course endorsed by Pennsylvania Veterinary Medical Association (PVMA) and approved by the National Association of Veterinary Technicians (NAVTA) provides skills high in demand in veterinary facilities, animal hospitals, animal shelters, and animal laboratories. Graduates can assist veterinarians and licensed veterinary technicians with; animal nursing care, surgical assistance, laboratory sampling, client education as well as office work. Be a part of the animal handling, diagnostic, examination, and treatments team!

Veterinary Assistant Program Curriculum

In this program, you will learn proper procedure in the following areas:

- Large Animal
- Small and Companion Animal
- Exotic Animal
- Laboratory
- Office
- Pharmacy
- Radiology
- Surgical Assistance

At the end of the program, students will have the opportunity to take the PVMA or **Pennsylvania Veterinary Medical Association exam**. This exam is recognized by the Pennsylvania Department of Agriculture and the Pennsylvania Department of Education. There is a written and practical portion to the exam.

For an additional fee, students are eligible to take the NAVTA-approved national veterinary assistant exam. With successful completion of the exam, individuals will become Approved Veterinary Assistants (AVA) and be recognized for their accomplishment with the AVA designation. Admissions is on an annual basis starting in August.

Next class starts August 27, 2019 Tues. & Thurs. 5:30p – 9:30p

Cost \$3,800 (*We accept Visa, MasterCard & Discover*)

Acceptable forms of payment:

Personal Pay: Credit/Debit or Money Order, or Cash

Company Pay: Company Credit Card or Company Check

Registration and fee deadline is one week prior to the first class. Individuals are not considered registered with DCTS until payment is made and a completed application is submitted to the Adult & Continuing Education Office.



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Course Registration Form

Course Title: _____ Course Date: _____

Please Complete All Information Below

Last Name: _____ First Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ E-Mail: _____

Home/Cell Phone: _____ Work Phone: _____

Employer: _____

PAYMENT METHOD

Circle One: Check (Payable to DCTS) VISA MC DIS MO CASH

I authorize the Business Office at DCTS to charge my credit/debit card as circled above.

Amount to be charged: \$ _____ Authorized Signature: _____

How did you hear about DCTS? Former Student Employer Internet Radio Facebook
 Family Friend Close to home/work Other

The PA Department of Education requires the following information. Please check the appropriate box.

Gender: Male _____ Female _____ **Ethnicity:** Hispanic _____ Non-Hispanic _____

Race: Am. Indian or Alaskan Native _____ Caucasian _____

Black/African American _____ Multi-Racial _____

Native Hawaiian/Other Pacific Islander _____ Asian _____

+ No refunds will be granted after class has begun.

