The Animal Health Organization
Professional Shadow Program

Summary

Thank you for your interest in shadowing our team here at The Animal Health Organization. Please be sure to read and familiarize yourself with our requirements/expectations and complete and sign the application/agreements below.

Requirements

Dress Code and Behavior

As a shadow you will be representing The Animal Health Organization through your interactions with patients, clients, and staff and are expected to present yourself in a professional and courteous manner. Profanity or inappropriate conversations/comments will not be tolerated and may result in immediate dismissal from the program.

All shadows are required to dress appropriately in a manner that reflects the professional level of service that we provide. Shadows may choose to wear scrubs; however, this is not required or expected. In the event a shadow elects/prefers to wear scrubs the scrubs must *not* be black and must be clean with no rips/tears and must be of one solid color. Proper attire outside of scrubs consists of presentable casual dress (jeans with no holes/rips/designs/patches; khakis; plain/comfortable/non-revealing shirt; close-toed/non-slip shoes; no jewelry other than ear piercings; no hats). Any shadow presenting in inappropriate or unsafe attire will be dismissed and asked to return with proper dress.

Shadows will be expected to wear an identification badge with their first name which identifies them as a shadow.

Schedule

Shadows are only permitted to enter the “employee only” areas of the hospital during the predetermined and agreed upon dates and time blocks, and only under direct supervision of an assigned TAHO team member. Entry without prior access or without direct supervision will result in immediate dismissal from the program.

Animal Handling

For the safety and protection of individuals within this program, as well as the safety of our patients, shadows are not permitted to handle any of our patients. Shadowing is hands-off and is reserved for observation only. In some cases, shadows may assist in the daily care of animals belonging to our organization's rescue/shelter under the direct supervision/direction of a TAHO team member. Hands-on animal handling demonstrations may be requested in advance and will utilize a team member's trained animal.

Team Interaction

Shadows follow an assigned team member or team members very closely throughout their time with us and are not permitted to stray or wander away from their assigned team member(s). Individuals who attempt to wander/explore on their own may be exposed to unnecessary hazards/risks - for this reason, any individual who can not follow direction and remain with their assigned team member may be dismissed.

Our hospital is very fast-paced and high-volume. Our team members move very quickly and are required to make split-second decisions for the health and safety of their patients. Shadows should remain close to their assigned team members but far enough away that will provide the individual with enough time to react (anything can happen when working with animals). Shadows should always remain vigilant and respond to situations quickly and appropriately. In the event of a medical emergency, shadows should step back out of the way and await for and follow, further direction.

We want members of this program to have access to all information and questions they may have during their time with us; however, our team members are very busy with client and patient care and may not be able to immediately accommodate or respond to all questions/comments. We encourage all shadows to bring a notebook/notepad to write down questions or comments they may have through the day so that they can be answered at a later time. Questions or comments should not be presented in the presence of any client and should be written down to address at a later time.

Comfort

We want our shadows to be comfortable and enjoy their time spent with us. However, observation within the veterinary hospital setting will likely result in the shadow being exposed to emergencies, surgical procedures, or medical care in which the sight/scent of blood, feces, or other bodily fluids are present, or that may result in death or euthanasia. It will be the sole responsibility of the individual enrolled in the program to speak up early and approach a team member if they are feeling uncomfortable with any tasks or observations.

Confidentiality

All individuals enrolled in our Professional Shadow Program, and their guardian if under eighteen years of age, are required to sign a confidentiality agreement. During the program, individuals will be exposed to confidential business and personal information, including: client information; patient information; information of our team members; business information. By signing the Confidentiality Agreement, individuals agree not to disclose any of this information to any third party outside of the organization. A breach of confidentiality may arise when an individual discloses any information that they have agreed to keep to themselves. Breach may result in legal action should the information cause harm to any individual (client/patient/team member) or the organization.

For the protection/privacy of our clients, patients, and staff, the use of mobile phones, smart watches, ipads, cameras or any other personal electronic devices is prohibited within TAHO's hospital. These devices may be stored in an assigned locker for the duration of your time with us and may be accessed periodically as needed upon request from your assigned team member.

Applicants Contact Information

Name: _____ DOB: _____
Home Address: _____
Phone: _____ Email:_____
Reason for Shadow: _____
Department(s)/Position(s) Requested:

- ☐ Veterinarian - Surgery
- ☐ Veterinarian - Medical
- ☐ Veterinary Technician - Surgery
- ☐ Veterinary Technician - Medical
- ☐ Veterinary Technician's Assistant
- ☐ Client Service Representative

Date and Times Requested:

_____
_____

Please List Any Allergies:

_____
_____

Please List Any Medical History or Physical Limitations You Feel Our Leadership Team Should Be Aware Of:

_____
_____
_____

Emergency Contact Information

Name: _____ DOB: _____
Home Address: _____
Phone: _____ Relationship: _____

Medical Release

I, the undersigned (or parent/guardian), understand the nature of TAHO's Professional Shadow Program and the activities involved, and state that the individual named on this form is in adequate health to perform, participate, or observe the activities carried out in this program, and is fully capable of understanding and following direction. I do ensure and guarantee to hold harmless The Animal Health Organization, its staff, agents and representative from any responsibility for liability whatsoever resulting from the individuals actions, activities or injury.

Student Signature: _____

Parent/Guardian Signature: _____

Confidentiality Agreement

I, the undersigned (or parent/guardian), acknowledge that as a result of my association with The Animal Health Organization, may have access to confidential information of the practice, including patient identifiable protected health information. I will hold confidential all client, patient, staff, and practice information obtained and will not disclose any personal, medical related information, or any other confidential information to third parties during and after my time with The Animal Health Organization. I am committed to protecting and safeguarding any oral and written disclosure of all confidential information of which I became aware.

Student Signature: _____

Parent/Guardian Signature: _____

Professional Shadow Program Agreement

I hereby understand and agree to comply with all rules and regulations established by The Animal Health Organization, and I understand that failure to comply will result in immediate dismissal from the program. I acknowledge that my presence in this program is on a volunteer basis, without payment of any kind. All tasks will be performed at my own risk. I acknowledge that within the veterinary industry and in working with animals there are hazards/risks involved that may cause damage to my personal property, personal injury, exposure to disease, and physical harm. I acknowledge that I agree to indemnify and hold harmless The Animal Health Organization for any costs or liabilities which may incur as a result of my involvement in this program.

Student Signature: _____

Parent/Guardian Signature: _____

Date Signed: _____