



# Veterinary Assistant

## Program Requirements

*Rabies Vaccination Proof to be Submitted by August 1<sup>st</sup>*

All students in the School of Veterinary Sciences require a rabies vaccination. It takes at least one month to complete this process. **It is recommended that you begin the process in the spring. Email proof of your rabies vaccination to [vetsciences@northern.on.ca](mailto:vetsciences@northern.on.ca) no later than August 1<sup>st</sup>.** See the rabies information sheet (attached) for more information, including what information should be available in the proof of vaccination that you submit.

### **Program Equipment List**

You will need to purchase/bring:

- Closed toed, closed heeled indoor shoes
- (2) sets of scrubs or uniforms (any colour) (approx. \$60 - \$80 each)
- Good quality stethoscope; recommended is the 3M Littman® Classic III (approx. \$130)
- 1" wide nylon dog leash 5-6 feet long (any colour)
- Wristwatch with ability to count seconds (preferably not a Smart watch)
- Scientific calculator

Scrubs are available in the College bookstore and in many retail stores. Stethoscopes are also available in the College bookstore. You will need to use your stethoscope often therefore make sure to purchase one of good quality.

### **Kennel Duty Requirements – Important**

Kennel Duty is a required course for all Veterinary Sciences students. Please be aware that Kennel Duty is scheduled at 6:00 am and 6:00 pm every day on your assigned days. Unfortunately, our local transit system begins its daily runs at 6:00 am. Therefore, if you do not live within walking distance of the college, you will not make it on time for your shift. It's imperative that you arrive on time for each Kennel Duty shift. Please ensure that you make the necessary arrangements when locating housing.

### **Laptop Requirements**

Please note that ChromeBooks and other Tablets are not sufficient devices to be able to perform all required tasks as a Northern College student. For full laptop requirements please visit: <https://www.northerncollege.ca/students/services/technology/>.

### **Double Certificate Option**

There is limited space in the Animal Grooming program. However, if the grooming program is not completely full, you may be able to take both the Animal Grooming program and the Veterinary Assistant program concurrently and graduate with a double certificate. Additional course fees



# Veterinary Assistant

will be applied to a Veterinary Assistant student who wants to add grooming courses. If interested in the double certificate program, contact the Veterinary Sciences Program Assistant at 705-672-3376, ext. 8854, or by email at [vetsciences@northern.on.ca](mailto:vetsciences@northern.on.ca).

**If you choose the double certificate option by adding Animal Grooming courses to your Veterinary Assistant program of study, you will need to purchase a college-selected grooming kit prior to the beginning of classes. The cost of the kit is approximately \$1630.**

The necessary equipment has been carefully selected to provide you with everything you need (except dryers) to start your own grooming business after graduation.

## How to Order the Grooming Kit:

Please visit the website here:



There is a discount that will be applied to Northern College student orders, once the kit is added to cart.

For general questions contact Northern College's Admissions Office at 1.866.736.5877, or 705.235.7222. You can also email Admissions at [admissions@northern.on.ca](mailto:admissions@northern.on.ca).

For additional program information contact:

## Haileybury Campus

Kellie Broderick

Program Assistant, School of Veterinary Sciences

705.672.3376 Ext. 8854

[vetsciences@northern.on.ca](mailto:vetsciences@northern.on.ca)

*Our Veterinary Technician Program is accredited by:*



CANADIAN VETERINARY  
MEDICAL ASSOCIATION  
L'ASSOCIATION CANADIENNE  
DES MÉDECINS VÉTÉRIAIRES



# Veterinary Assistant

## Rabies Vaccine Information

**Cost: Approximately \$700.00**

- It is recommended that you make an appointment with your family physician or local health unit to obtain a prescription. It takes at least one month to complete this two or three-step process (depending on type of vaccine). **START EARLY (in the spring)**.
  - PLEASE NOTE: If your doctor recommends two doses only, a physician's ***signature is required*** at the bottom of the Rabies Vaccine Confirmation document, located on the back page of this package.
- Ensure the rabies vaccine you obtain is in a series and is a vaccine for **PRE-EXPOSURE**. Post-exposure vaccines are not acceptable.
- Two manufacturers make a vaccine for use in humans. One is called RabAvert made by Merck Frosst and the other is called Imovax made by Aventis Pasteur.
- **Proof of vaccination must be emailed to [vetsciences@northern.on.ca](mailto:vetsciences@northern.on.ca) no later than August 1<sup>st</sup>**. Please have completed and return the attached Rabies Vaccine Confirmation form, or submit an official letter from the health unit or doctor's office which includes your name and the dates of administration of all doses; this letter should also list which vaccine you've received. Failure to submit acceptable proof of vaccination will result in students not being permitted to attend animal handling classes.
- **If you have been vaccinated for Rabies more than two years ago**, or if you last titre test was more than two years ago, you must provide an updated, adequate rabies titre result. A titre means that your blood will be analyzed and the level of protection you have against rabies will be measured. **Please email titre results to [vetsciences@northern.on.ca](mailto:vetsciences@northern.on.ca) no later than August 1<sup>st</sup>**.
- If you have questions about the timing of your rabies vaccine in relation to your Covid-19 vaccines, please contact us at [vetsciences@northern.on.ca](mailto:vetsciences@northern.on.ca).
- Occasionally, the vaccine is on backorder. In this situation, students are to bring their prescription with them to Haileybury. Once the vaccine is available, students can make an appointment at our local Health Unit for administration of the vaccine. This is acceptable only if the rabies pre-exposure vaccine is on backorder.

Timiskaming/Northeastern Health Unit: (705) 647-4305 or 1-877-442-1212. Contact the New Liskeard office.



## Program Physical Demands Analysis

In order to fulfill the requirements of the Veterinary Assistant program at Northern College, students must be able to meet the physical demands associated with the profession. See the following chart for details. Due to the physical demands of the job, you should have the ability to lift and carry up to 25 kg, work in a physically demanding environment and stand for long periods of time. Your ability to lift a patient from the floor to waist height and move patients from stretchers to tables while using good body mechanics will be important.

| STRENGTH                  |                  |                |                          |                          |                          |                          |                                     |
|---------------------------|------------------|----------------|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|
| Physical Demands          | WEIGHT           |                | * FREQUENCY              |                          |                          |                          |                                     |
|                           | Maximum (in lbs) | Usual (in lbs) | Never                    | Seldom                   | Minor                    | Required                 | Major                               |
| Lifting                   | 50               | 25             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Carrying                  | 50               | 25             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Pushing                   | 50               | 25             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Pulling                   | 50               | 25             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Fine Finger Movements     |                  |                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Handling                  |                  |                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Gripping                  |                  |                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Reaching (Above Shoulder) |                  |                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Reaching (Below Shoulder) |                  |                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Foot Action (1 Foot)      |                  |                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Foot Action (2 Foot)      |                  |                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

| MOBILITY         |                                     |                          |                                     |                                     |                                     |
|------------------|-------------------------------------|--------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| Physical Demands | * FREQUENCY                         |                          |                                     |                                     |                                     |
|                  | Never                               | Seldom                   | Minor                               | Required                            | Major                               |
| Throwing         | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Sitting          | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Standing         | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Walking          | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Running          | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Climbing         | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Bending/Stooping | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Crouching        | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Kneeling         | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Crawling         | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Twisting         | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Balancing        | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |

| SENSORY / PERCEPTUAL   |                          |                          |                          |                          |                                     |
|------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|
| Physical Demands       | * FREQUENCY              |                          |                          |                          |                                     |
|                        | Never                    | Seldom                   | Minor                    | Required                 | Major                               |
| Hearing – Conversation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Hearing – Other Sounds | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Vision – Far           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Vision – Near          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Vision – Colour        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Vision – Depth         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Perception – Spatial   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Perception – Form      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Feeling                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Reading                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Writing                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Speech                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

| WORK ENVIRONMENT                                                         |                                     |                                     |                                     |                                     |                                     |
|--------------------------------------------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| Physical Demands                                                         | * FREQUENCY                         |                                     |                                     |                                     |                                     |
|                                                                          | Never                               | Seldom                              | Minor                               | Required                            | Major                               |
| Inside Work                                                              | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Outside Work                                                             | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Hot/Cold                                                                 | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Humid/Dry                                                                | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Dust                                                                     | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Vapour Fumes                                                             | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Noise                                                                    | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Moving Objects                                                           | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Hazardous Machines                                                       | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Electrical                                                               | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Sharp Tools etc.                                                         | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Radiant/Thermal Energy                                                   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Slippery                                                                 | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Congested Worksite                                                       | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Comments:                                                                |                                     |                                     |                                     |                                     |                                     |
| Students are required to walk dogs outside in various weather conditions |                                     |                                     |                                     |                                     |                                     |

| CONDITIONS OF WORK                |                          |                                     |                          |                                     |                                     |
|-----------------------------------|--------------------------|-------------------------------------|--------------------------|-------------------------------------|-------------------------------------|
| Physical Demands                  | * FREQUENCY              |                                     |                          |                                     |                                     |
|                                   | Never                    | Seldom                              | Minor                    | Required                            | Major                               |
| Travelling                        | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Work Alone                        | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Work Independently but in a group | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Deadline Pressures                | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Interact with Public              | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Operate Equipment/ Machinery      | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Comments                          |                          |                                     |                          |                                     |                                     |

| Accessibility         |                                                                     |
|-----------------------|---------------------------------------------------------------------|
| Wheelchair accessible | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no |

**\* Frequency:**

Never .....Not performed.

Seldom .....Seldom performed. Not daily.

Minor .....Minor daily activity. Less than 1 hour

Required .....Frequent repetition, for 1-3 hours daily

Major .....Major job demand. Maximum ability required. Frequent repetition for more than 3 hours daily.

|                                     |  |                                                |
|-------------------------------------|--|------------------------------------------------|
| Patient Name                        |  |                                                |
| Patient's Date of Birth             |  |                                                |
| Organization Administering Vaccines |  |                                                |
| Organization Address                |  |                                                |
| Organization Telephone Number       |  |                                                |
| Vaccine Being Administered          |  |                                                |
| Date of 1 <sup>st</sup> Vaccine     |  | Signature<br>(of person administering vaccine) |
|                                     |  | Printed Name                                   |
| Date of 2 <sup>nd</sup> Vaccine     |  | Signature<br>(of person administering vaccine) |
|                                     |  | Printed Name                                   |
| Date of 3 <sup>rd</sup> Vaccine     |  | Signature<br>(of person administering vaccine) |
|                                     |  | Printed Name                                   |

**Instructions to Students:** All students in the School of Veterinary Sciences require a rabies vaccination.

(For full information see Rabies Vaccine Information within the **Program Specific Information and Forms** found at <https://www.northernc.on.ca/admissions-packages/>).

- It takes at least one month to complete this process. It is recommended that you begin the process in the spring.  
Email proof of your rabies vaccination to [vetsciences@northern.on.ca](mailto:vetsciences@northern.on.ca) no later than August 1<sup>st</sup>.

**Doctors:** If you are recommending two doses of the vaccine only, and you feel that the student is fully vaccinated and protected from the rabies virus with two doses of the vaccine, please sign here. \_\_\_\_\_