



DeZavala-Shavano Veterinary Clinic Staff Member Training Session Form

(Please use ink pen.)

Name of Staff Member: _____

Date(s) of Training: _____

Pet(s) Used During Training: _____

Items Discussed and/or Practiced During Training Session:

- _____
- _____
- _____
- _____
- _____
- _____
- _____

Did the training you received provide you with new skills, refresh old skills or both? (please circle)

Provided New Skills Refreshed Old Skills Both

Comments (how did this training help you, suggested topics for future training?): _____

By signing below, I acknowledge receiving training on the items listed above.

Staff Member's Signature

Date

Trainer's Initials: _____