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## Program Requirements

### Rabies Vaccination

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 1st.** See the [Rabies Information](#) sheet (attached) for more information, including what information should be available in the proof of vaccination that you submit.

You will need to purchase a college-selected grooming kit prior to the beginning of classes. The cost of the kit is approximately \$1724.00 + tax. This kit has been carefully selected to provide you with everything you need (except dryers) to start your own grooming business after graduation.

### Additional Equipment Required

You will need to purchase:

- 1" wide nylon dog leash 5-6 feet long (any colour)
- Closed toed, closed heeled indoor shoes
- (2) Sets of scrubs or uniforms (any colour) (approx. \$60 - \$80 each)

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.

**Notes:** The items listed above do not have to be new, but we reserve the right to inspect them to make sure they meet our safety standards.

### Kennel Duty Requirements

Kennel Duty is a required course for all Veterinary Sciences students. Please be aware that Kennel Duty is scheduled at 6:00 a.m. and 6:00 p.m. every day on your assigned days. Unfortunately, our local transit system begins its daily runs at 6:00 a.m. 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 the [Technology](#) page.

## How to Order the Grooming Kit

The grooming kit can be ordered by following the QR code here. The grooming kit cost for this year is \$1,723.29 + tax.



## Double Certificate Option

There is limited space in the Veterinary Assistant program. However, if the Veterinary Assistant 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. The additional admission requirements would be a minimum of 60% in Grade 11 Biology (C, U). Additional course fees will be applied to an Animal Grooming student who wants to add Veterinary Assistant courses.

If interested in the double certificate program, contact the Veterinary Sciences Program Assistant at 705.672.3376, ext. 8854, or at [vetsciences@northern.on.ca](mailto:vetsciences@northern.on.ca). If you choose to add the Veterinary Assistant courses to your program of study, **you must also purchase/bring the following:**

- A good quality stethoscope such as the Littman® Classic III (approx. \$130)
- A Wristwatch with the ability to count seconds (preferably not a Smartwatch)
- Scientific calculator

## Contact information

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:**



## 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 the 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 at the bottom of this document.

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

**Proof of vaccination must be emailed to [vetsciences@northern.on.ca](mailto:vetsciences@northern.on.ca) no later than August 1st.**

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.

## Vaccinated More Than 2 Years Ago

**If you have been vaccinated for Rabies more than two years ago**, you must provide an 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 1st.**

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).

## Vaccine Backorder

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 Animal Grooming 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 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"/>

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 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 (of person administering vaccine)
		Printed Name
Date of 2 <sup>nd</sup> Vaccine		Signature (of person administering vaccine)
		Printed Name
Date of 3 <sup>rd</sup> Vaccine		Signature (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.](#))

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 1st**

**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.

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