

CITY:

STATE:

PHONE:

ZIP CODE:

E-MAIL:

FAX:

VETERINARIANS (working in the practice)

| Name | School | Year of Graduation | Years in Practice | Current VMA |
|------|--------|-----------------------|----------------------|-------------|
|------|--------|-----------------------|----------------------|-------------|

GENERAL INFORMATION

PRACTICE DESCRIPTION: (Please X practice type and then write in approximate % below)

| Mixed animal | Small animal exclusive | Large animal exclusive | Equine exclusive | Food animal exclusive |
|--------------|---------------------------|---------------------------|---------------------|--------------------------|
|--------------|---------------------------|---------------------------|---------------------|--------------------------|

Leaded aprons

Leaded gloves

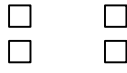
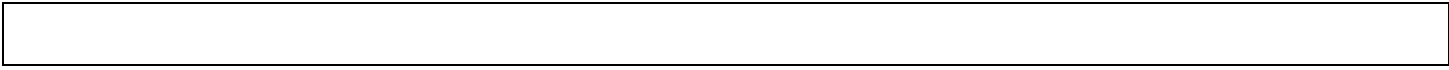
Thyroid shields

Film (monitoring) badges

Will you supervise the student in the use of protective equipment during preceptorship? Yes No

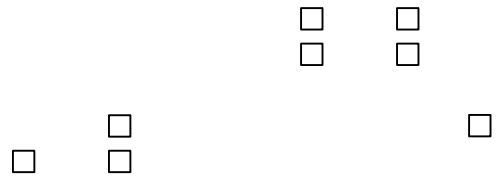
Does this facility have ultrasound equipment? Yes No

Does this ultrasound equipment have echo-cardiographic capabilities? yes No





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Please use the space below (or send attach additional pages) to provide additional information about your large animal practice that would be helpful to the committee or prospective students.