

CITY:

STATE:

PHONE:

ZIP CODE:

E-MAIL:

FAX:

VETERINARIANS (working in the practice)

Name	School	Year of Graduation	Years in Practice	Current VMA
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GENERAL INFORMATION
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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
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Leaded aprons

Leaded gloves

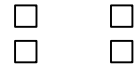
Thyroid shields

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

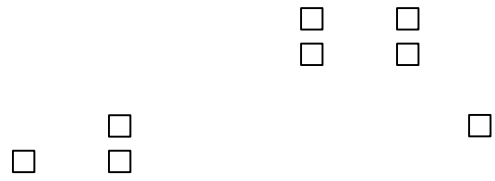
Does this ultrasound equipment have echo-cardiographic capabilities?  yes  No







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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.