



AMERICAN BOARD OF VETERINARY PRACTITIONERS
CANINE AND FELINE PRACTICE
 -Self-Report Job Experience Form-

618 Church St., Ste. 220, Nashville, TN 37219
 615.250.7794 p • 800.697.3583 toll free
 615.254.7047 f • abvp@xmi-amc.com • abvp.com

ID#

Name:

(Last) (First) (Middle)

In addition to the information specified in the Applicant Handbook regarding each of your practice situations, this form needs to be completed. It will provide an estimate of the clinical cases you have seen and specific diagnostic, therapeutic, and surgical procedures you have personally performed. Your Curriculum Vitae will be unacceptable without this form.

In Section I, indicate how frequently you have seen specific conditions within the practices where you've worked. In Section II, indicate how frequently you use specified modalities of investigation and therapy. **Please estimate the frequencies as a cumulative total for all practice experiences.**

Section I: How frequently have you recognized and managed the following conditions during the lifetime of your practice experience?

	Never	Yearly	Quarterly	Monthly	Weekly	Daily
Allergic dermatitis						
Asthma/allergic bronchitis						
Autoimmune disease						
Cardiomyopathy						
Congestive heart failure						
Cruciate ligament repair						
Diabetes mellitus/ketoacidosis						
Feline lower urinary tract disease						
Hemangiosarcoma						
Hepatic lipidosis						
Hyperadrenocorticism						
Hypertension						
Hyperthyroidism						
Hypoadrenocorticism						
Hypovolemic shock						
Inflammatory bowel disease/parvoviral enteritis						
Internal fracture repair						
Intervertebral disk disease						
Lymphoma						
Pancreatitis						
Pyometra						
Renal failure						
Seizure disorder						
Toxicosis (rodenticide, ethylene glycol, lead, acetaminophen)						
Urolithiasis						

In the spaces below, please list any additional conditions that you feel are important aspects of your practice and indicate their frequency.



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Section II: Over the lifetime of your practice experience, how frequently have you employed the following in the management of your cases?

	Never	Yearly	Quarterly	Monthly	Weekly	Daily
Anesthesia/anesthetic monitoring						
Arthrocentesis						
Bacterial and fungal culturing						
Behavioral consultation						
Blood pressure monitoring						
Blood transfusion						
CBC/chemistry/urinalysis/fecal analysis						
Chemotherapy						
CSF collection and analysis						
Cytology						
Dental prophylaxis						
Electrocardiography						
Endoscopy						
Endodontics						
Feeding tube placement						
Fluid therapy						
Histopathology						
Hormone assays						
Orthopedic surgery						
Neurologic examination						
Pain management						
Radiology (survey and contrast)						
Referral to specialists						
Thoracocentesis						
Ultrasonography						

In the spaces below, please list any additional modalities of investigation and therapy that you feel are important aspects of your practice and indicate their frequency.
