



AMERICAN BOARD OF VETERINARY PRACTITIONERS
EQUINE 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
Anterior pituitary disease (Cushings)						
Breeding problems (endometritis, metritis, abortion, dystocia)						
Caudal heel pain syndrome/navicular disease						
Chronic obstructive pulmonary disease						
Colic (gas/spasmodic type, impaction)						
Degenerative joint disease						
Developmental orthopedic disease						
Diarrhea (foal, adult)						
Enteritis/colitis						
Eye disease (corneal ulcers, uveitis)						
Fever of unknown origin						
Foal diseases (failure of passive transfer, septicemia, hypoxia)						
Gastric ulcers						
Heart murmur/arrhythmia						
Laminitis						
Nasal discharge (sinusitis, epistaxis)						
Neurologic disease (EPM, herpes)						
Pneumonia (foal, adult)						
Pregnancy diagnosis/staging (palpation, ultrasound)						
Rectal tear						
Skin infection (scratches, rain rot, ringworm)						
Skin tumors (melanoma, sarcoid, squamous cell carcinoma)						
Sole abscesses/bruises						
Traumatic injury (laceration, tendon injury, fracture)						
Weight loss/malnutrition						

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



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
Abdominocentesis						
Artificial insemination/semen collection						
Blood collection/CBC/chemistry/urinalysis						
Breeding soundness exam/vaginal exam						
Caslicks operation (vulvoplasty)						
Castration						
Dental procedures (floating, wolf teeth removal)						
Euthanasia						
Field anesthesia (injectable)						
Foot trimming and balancing						
Injections (IV, IM, SQ)						
Joint injections/arthrocentesis						
Leg bandages/casts						
Lumbosacral CSF tap						
Musculoskeletal ultrasound						
Nasogastric intubation						
Ophthalmic exam						
Palpation per rectum (reproductive, gastrointestinal)						
Radiography						
Regional nerve anesthesia						
Reproductive ultrasound						
Skin biopsy/fine needle aspirate						
Suturing lacerations/removal of exuberant granulation tissue						
Transtracheal wash						
Upper airway endoscopy						

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.
