

AMERICAN BOARD OF VETERINARY PRACTITIONERS Feline Practice

– SELF-REPORT JOB EXPERIENCE FORM –

Name _____
(Last)
(First)
(Middle)

Social Security No. (or non-U.S. equivalent) _____

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 completed 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 used 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 (inhalent, food)						
Anemia						
Asthma/allergic bronchitis						
Behavioral disorders						
Cardiomyopathy						
Cholangiohepatitis/cholecystitis						
Corneal ulcer						
Dental disease (periodontitis, stomatitis, cervical line lesions)						
Diabetes mellitus						
Feline infectious peritonitis						
Feline lower urinary tract disease						
Gastrointestinal disease (IBD, parasitism, megacolon)						
Hepatic lipidosis						
Hypertension						
Hyperthyroidism						
Lymphoma						
Nasopharyngeal polyps						
Pancreatitis						
Pneumonia						
Renal disease (ARF, CRF, polycystic disease, pyelonephritis)						
Retroviral disease (FELV, FIV)						
Squamous cell carcinoma						
Trauma/toxicosis						
Upper respiratory infection/sinusitis/conjunctivitis						
Uveitis						

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

FELINE PRACTICE . . . *continued*

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/analgesia						
Blood pressure monitoring						
Bone marrow aspiration						
CBC/chemistry/urinalysis/fecal analysis						
Chemotherapy						
Cystotomy						
Cytology						
Diabetic management						
Electrocardiography						
Endoscopy						
Enteral tube feeding						
Fluid therapy/fluid additives						
Heartworm testing (antigen, antibody)						
Histopathology						
Internet use						
Intestinal surgery (foreign body removal, bowel resection)						
Laparotomy/exploratory surgery with biopsy						
Microbiology (bacterial and dermatophyte culture, PCR)						
Radiology (survey, contrast, dental)						
Referral to specialists						
Retrovirus testing (FELV, FIV, IFA, western blot)						
Thyroid/adrenal/other hormonal testing						
Tracheal wash/BAL						
Ultrasound						
Urinary catheterization						

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.
