

# AMERICAN BOARD OF VETERINARY PRACTITIONERS Food Animal 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
Abomasal disease						
Acute colitis/diarrhea						
Bovine respiratory disease complex						
Breeding soundness						
Calcium:phosphorus imbalance/deficiency						
Chronic diarrhea/enteritis						
Clostridial enterotoxemia						
Clostridial myositis						
Dehydration						
Dystocia						
Ectoparasitism						
Endoparasitism						
Enteritis						
Gastric/abomasal ulcers						
Heat stress						
Hemophilus somnus complex						
Keratoconjunctivitis						
Lameness						
Mastitis						
Neonatal disorders						
Nutritional disorders						
Reproductive disorders						
Rumen disorders						
Trauma						
Traumatic reticuloperitonitis						

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


**FOOD ANIMAL 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
Arthroscopy						
Artificial insemination						
Biosecurity assessment						
CBC/chemistry/urinalysis/fecal analysis						
Contrast radiography						
Cryotherapy						
CSF collection and analysis						
Culture and sensitivities						
Database access/application						
Echocardiography						
Embryo transfer						
Endoscopy						
External fracture repair						
Histopathology						
Hormonal assays						
Internet use						
Milking system assessment						
Pregnancy diagnosis						
Production records analysis						
Production system assessment						
Ration management						
Serology						
Surgery						
Ultrasound						
Use of referral service						

**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.**
