AMERICAN BOARD OF VETERINARY PRACTITIONERS
Beef Cattle 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
Actinobacillosis						
Actinomycosis						
Analgesia						
Bacterial enteritis						
Bloat						
Bovine respiratory disease complex						
Breeding soundness exam						
BVD-mucosal disease						
Chronic diarrhea/granulomatous enteritis						
Dystocia						
Encephalomyelitis						
Enterotoxemia						
Footrot						
Foreign animal disease						
Hypomagnesemic tetany						
Infertility						
Lameness						
Lymphosarcoma/leukemia						
Mycotoxicosis and other feed toxins						
Neonatal diseases						
Nutritional disorders						
Paratuberculosis						
Polioencephalomalacia						
Retained placenta						
Salmonellosis						

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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BEEF CATTLE 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
Biosecurity assessment						
Bronchoscopy						
CBC/chemistries/urinalysis/fecal analysis						
Chemotherapy						
Cryosurgery						
CSF collection and analysis						
Culture and sensitivity						
Cytology						
Database access/application						
Endoscopy						
Enteral tube feeding						
Embryo transfer						
Histopathology						
Hormonal assays						
Immunotherapy						
Internet use						
Pregnancy diagnosis						
Production records analysis						
Production systems analysis						
Rabies						
Ration Management						
Serology						
Surgery						
Ultrasound						
Use of referral services						

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.