

**AMERICAN BOARD OF VETERINARY PRACTITIONERS  
Dairy 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						
Abortion						
Acetonemia/ketosis						
Acute enteritis/calf scours						
Bovine respiratory disease complex/calf pneumonia						
Chronic diarrhea/granulomatous enteritis/Johne's disease						
Clostridial myositis						
Coccidiosis						
Dystocia						
Ectoparasitism						
Endoparasitism						
Failure of passive transfer of antibodies/neonatal septicemia						
Hypocalcemia/hypomagnesemia						
Lameness						
Laminitis						
Lymphosarcoma/leukemia						
Mastitis						
Metritis/pyometra						
Moldy hay/feed toxicoses						
Nutritional myopathies/selenium-vitamin E deficiency						
Ovarian abnormalities/follicular cysts						
Peritonitis						
Retained placenta						
Rumen/reticular disease/traumatic reticuloperitonitis/lactic acidosis						
Teat/udder injury						

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


**DAIRY 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/sedation						
Artificial insemination						
Biosecurity assessment						
Breeding management						
CBC/chemistry/urinalysis/fecal parasites/culture and sensitivity						
Centesis/fluid analysis/cytology (CSF, joints, abdominal)						
Contagious disease control						
Dairy personnel training (biosecurity, treatment, residue prevention)						
Database access/application						
Embryo transfer						
Fluid therapy (oral, intravenous)						
Hormonal assays						
Immunization and parasite control						
Internet use						
Mastitis risk assessment/treatment						
Milk quality/milking system assessment						
Necropsy/histopathology						
Pregnancy diagnosis						
Processing calves (dehorning, vaccination, etc.)						
Production records analysis and assessment						
Radiology/ultrasonography						
Ration management and body condition scoring						
Serology						
Surgery/fracture repair						
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.**
