



TEXAS TECH UNIVERSITY

School of Veterinary Medicine™

Please print or type: **Facility Enrollment Information**

Thank you for providing this information for participation in the Texas Tech University School of Veterinary Medicine (TTU-SVM) Distributed Clinical Education Program. Information on this form will be shared with students and faculty so as to provide them information in order to make well informed decisions when it comes to clinical year scheduling. Information provided will not be made available to any other groups or organizations. ***During the development of the program*** we hope to learn more about you and your facility or practice. The first class of students will enter their clinical year in the fall of 2024, but we are actively building a large network of partners to deliver the final year program and are excited for the opportunity to work with you.

Please circle the items as necessary and where appropriate. Some items may appear more appropriate for partnering veterinary hospitals and other more appropriate for producers, feedyards, dairies, shelters, animal health industries, or regulatory/academic organizations.

Once completed please return to the office of the Associate Dean for Clinical Programs at TTU-SVM:

Britt Conklin, DVM
Associate Dean for Clinical Programs
7671 Evans Dr, Amarillo, TX 79106
britt.conklin@ttu.edu



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Today's Date: _____

Name of person filling out this form: _____

Practice/Facility Name:

Alternative Names of facility (if applicable):

Facility Phone Number: _____

Facility Fax Number: _____

Facility Email Address: _____

Facility Web Site Address: _____

Facility Physical Address: _____

Facility City: _____

Facility State/Province: _____

Facility Zip/Postal Code: _____

Are you a veterinary practice and if so, are you:

Rural Urban Regional

Are you a producer, feedyard, dairy, or shelter; in animal health, public

health, academics? Yes No

Please describe below:



Primary Site Contact – Who students contact regarding the rotation

Name

First: _____

Last: _____

Title: _____

Primary Site Contact Preferred Contact Method:

email _____ phone _____ fax _____

Primary Site Contact Email Address: _____

Primary Site Contact Phone: _____

Primary Site Contact Fax: _____

Secondary Site Contact - please provide

It is very helpful & recommended to provide a secondary contact. This secondary contact will be contacted should communication to the primary contact be unsuccessful. This may be a doctor or staff member.

Secondary Contact Name

First: _____

Last: _____

Title: _____

(This person will be copied on all correspondence)

Secondary Site Contact Preferred Contact Method:

email _____ phone _____ fax _____

Secondary Contact Phone: _____

Secondary Contact Email Address: _____

Secondary Contact Fax: _____



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Site Description *(Complete all that apply)*

General Description of the facility/site

Approximately, in what year was the facility constructed: _____

Approximate square footage of facility: _____

General Description of Site –

If this is a clinical practice, do you consider it a: (circle or highlight)

Companion Animal/Small Animal Practice

Mixed Animal Practice

Primary Beef Cattle Practice

Primary Dairy Cattle Practice

Primary Equine Practice

Primary Swine Practice

Primary Consulting Practice type _____

Other? _____

Specialty Practice

If Specialty:

_____ Does site have an internship program? (Y/N)

_____ Does site have a residency program? (Y/N)

_____ Does site provide externships/learning experiences for other AVMA-COE accredited veterinary schools? (Y/N/Not sure)



Caseload

Approximate percentage breakdown of species served by this facility (please have this add up to 100%):

Avian _____%

Canine _____%

Feline _____%

Bovine _____% (Beef%____/Dairy% ____)

Caprine _____%

Equine _____%

Exotic _____%

Ovine _____%

Porcine _____%

Lab Animal Facility _____ Zoo/Wildlife/Exotic _____ Other _____%

Caseload – approximate number of cases seen **annually** by the practice in each species category.

Avian _____

Bovine _____ (Beef _____ / Dairy _____)

Canine _____

Caprine _____

Equine _____

Exotic _____

Feline _____

Porcine _____

Ovine _____

Other Small Ruminants _____ Reptiles _____ Zoo/Wildlife _____

Other (species/daily cases) _____/_____

Is the facility AAHA accredited? [Y/N]

If Yes, approximately what was the year the facility was first accredited? _____



Case Description

Non-Clinical Practice (e.g. USDA, Public Health, Research, Regulatory, etc.)

Describe:

Site information

Approximate Number of employees at this location: _____

Veterinarians: _____

Veterinary Assistants: _____

Veterinary Technicians by duty (total): _____

Veterinary Technicians – Licensed: _____

Veterinary Technicians – Non-licensed: _____

Kennel/Barn Staff: _____

Business/Practice Manager Office Staff: _____

Other Staff: _____

Other information

Clinical Veterinary Practice

_____ Is this location a clinical veterinary practice? (Y/N)

_____ If Yes, does the facility hospitalize patients overnight? (Y/N/NA)

_____ If Yes, does the facility provide 24-hour care? [Y/N]

_____ How many exam rooms, stocks, chutes does the facility have?

_____ How many kennels/cages/stalls/pens does the facility have?

Ambulatory Service:

_____ Does the facility provide ambulatory services? (Y/N/NA)

_____ If Yes, approximate number of ambulatory calls per day.

_____ If Yes, how many ambulatory units (e.g. trucks) does the facility have?

_____ If Yes, what is the approximate radius of the ambulatory service in miles?

_____ If Yes, is the practice strictly ambulatory? [Y/N]



Students Participation in the Rotation

Student experience will be (please check one):

_____ Hands-on

_____ Observational

_____ Hands-on or observational - It depends on the students and type of case.

_____ Is the practice/institution looking to hire an associate veterinarian in the near future? Y/N

If yes, please send information on the position to our office at:

Britt.conklin@ttu.edu

Student Housing

Housing accommodations are strictly the student’s responsibility. A very important aspect for students in selecting a clinical rotation is the ability to find affordable, convenient student housing. Any housing offered by a clinical site, will be negotiated between the student and the clinical site. The student may opt to use the housing offered by the clinical site or may opt to find housing elsewhere.

_____ Does site provide housing for students during the experience? (Y/N)

If yes, who should the student(s) contact to discuss housing arrangements?

Name:

Housing contact info (if not found above):

If no, please provide information on where students may find information regarding housing in the area (relators, extended stay hotels, other potential housing)? Please note below and be as specific as possible as this will help students greatly.



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Although we are still developing--

Expectations will be:

Students are expected to be physically at the rotation site a minimum of 40 hours per week (50 to 55 hours is acceptable) with an additional 10 to 20 hours away from the site spent on studying. If you have other particular expectations and/or facility information or rules that you would like to make available to students prior to their rotation, please provide a document describing various information and expectations so that this may be shared with the student prior to their attendance.

Description of Facility/Practice and the Description of anticipated student experience: Description of Student Experience at the Facility

Please provide a brief, one or two paragraph description of the facility and clinical year experience that the student may expect at your facility. **Please remember that this is a promotional piece with students as an audience to increase student interest in attending your facility for a clinical year experience.**

Other Practice information

Please provide any other information that you wish to share with students. This information may include practice promotional materials such as client brochures, practice rules and regulations and other items that would help the student have an awesome clinical experience.

Feel free to provide any other information below or on a separate sheet(s).

- Thank you.

TTU-SVM is happy to help in putting together an orientation for students attending your facility. Please contact us for more information.



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TTU-SVM non-Clinical Year students

Many TTU-SVM students are looking for veterinary experience prior to entering their clinical year (between their first & second year, and between their second & third year) during their summer breaks. Please let us know if you are willing to offer a summer experience for students at your facility. This summer experience would not be compensated by TTU-SVM. This arrangement would be between you and the individual veterinary student and outside the terms of the current clinical year Clinical Partner Agreement. The individual veterinary student would contact you to make arrangements regarding a potential summer experience. The non-clinical year student would not have any liability insurance provided by TTU-SVM but is available at no charge to the student through AVMA-PLIT.

_____ Does your facility provide pre-clinical summer experiences for veterinary students? Y/N

If Yes, who should the student contact regarding such a potential experience?

Name:

Contact info (if not found above): _____

Clinical year – Two and Four-week blocks are available for scheduling with varying numbers of students during the rotations depending on clinical capacity and clinic request.

In advance of the clinical year, each practice will receive an Availability Form, showing the upcoming rotation block schedule – each practice will indicate which blocks TTU-SVM students can be hosted, as well as the maximum number of students that can be hosted.



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Signature of person verifying information on this form:

_____ Date: _____

Print Name: _____

Office Use

TTU-SVM Course No.: _____

Core _____ *Elective* _____ *Selective* _____

RRP _____

Specialty _____

Other _____