

**AMERICAN BOARD OF VETERINARY PRACTITIONERS**  
**Swine Health Management 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
Abortion						
Actinobacillus pleuropneumoniae/suis						
Acute colitis/diarrhea						
Atrophic rhinitis						
Bacterial enteritis						
Bacterial pneumonia						
Bacterial sepsis						
Colibacillosis						
Enteritis						
Erysipelas						
Foreign animal disease						
Haemophilus parasuis						
Increased nonproductive sow days						
Mycoplasma spp						
Pasteurella spp						
Pneumonia						
Porcine proliferative enteropathies						
Porcine respiratory and reproductive syndrome						
Pseudorabies						
Reduced farrowing rate						
Reproductive disorders						
Salmonella spp						
Streptococcus spp						
Swine influenza						
Viral pneumonia						

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


**SWINE HEALTH MANAGEMENT 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						
Bronchoscopy						
CBC/chemistry/urinalysis/fecal analysis						
CSF collection and analysis						
Culture and sensitivities						
Cytology						
Database access/application						
Embryo transfer						
Enteral tube feeding						
Fracture repair						
Histopathology						
Hormonal assays						
Immunotherapy						
Internet use						
Necropsy						
Pregnancy diagnosis						
Production records analysis						
Production system assessment						
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.**
