Did a TUCVM student(s) ask you to submit this form? ☐ **Yes** ☐ **No**

First Name **Middle Name** **Last Name** **Graduation Year** **1. STUDENT NAME:** CLASS OF: _____ _____

2. STUDENT NAME: _____ _____

3. STUDENT NAME: _____ _____

4. STUDENT NAME: _____

5. STUDENT NAME: _____ _____

6. STUDENT NAME: _____ _____

PRACTICE ASSESSMENT
2026-2027

The Preceptorship Coordinator of Tuskegee University, College of Veterinary Medicine uses this practice assessment/job description form in its efforts to determine if this practice meets the standards required by the American Veterinary Medical Association and the College of Veterinary Medicine. If this form is not appropriate for the veterinary practice or program in which you are involved, please write a suitable description of the program including a job description for the student on preceptorship. The form or written description should be returned to the address listed at the bottom of the page. Your interest in participating in our program is appreciated.

_____
(MM/DD/YYYY)

_____
DATE:

PRACTICE NAME:

STREET ADDRESS: **PHONE:**

_____

CITY: **STATE:** **ZIP CODE:**

_____

E-MAIL: **FAX:**

_____

VETERINARIANS (working in the practice)

Name	School	Year of Graduation	Years in Practice	Current VMA Memberships (please x)			
				Local VMA	State VMA	AVMA	Other Organizations

Other memberships, diplomat status, and/or specialties: _____

Veterinarian who will directly supervise the student's training and evaluation:

(Only one practitioner can be the preceptor of record) _____ _____

Preceptor's First Name **Preceptor's Last name**

During the preceptorship, will there be other students present in the practice? ☐ Yes ☐ No

Has this practice ever provided a preceptorship for Tuskegee University College of Veterinary Medicine? ☐ Yes ☐ No

Have there been (or are there pending) any disciplinary actions, by any state veterinary board or federal regulatory agency, against any members of this practice? ☐ Yes ☐ No

If YES, please explain in the space below:

Submit this assessment form to:
Dr. David McKenzie, Associate Dean for Clinical Programs, at dmckenzie@tuskegee.edu
College of Veterinary Medicine, Tuskegee University, Tuskegee, Alabama 36088

GENERAL INFORMATION

PRACTICE DESCRIPTION: (Please X practice type and then write in approximate % below)

☐ **Mixed animal**	☐ **Small animal exclusive**	☐ **Large animal exclusive**	☐ **Equine exclusive**	☐ **Food animal exclusive**
% Equine	% Canine	% Equine	% Track	% Swine
% Bovine	% Feline	% Bovine	% Pleasure	% Dairy
% Small ruminants	% Avian	% Small ruminants		% Beef
% Canine	% Exotic	% Other		% Poultry
% Feline	% Other			% Small ruminant
% Other				% Other
☐ Specialty/Referral:	**Please describe:**			
☐ Non-Traditional:	**Please describe:**			

Office Hours: _____

FACILITIES:

Please indicate the availability and usage of the following equipment: (Please X)

	Daily	**Weekly**	**Monthly**	**Not available**
Electrocardiogram	☐	☐	☐	☐
Ultrasound				
Small animal	☐	☐	☐	☐
Large Animal	☐	☐	☐	☐
Endoscopy				
Small animal	☐	☐	☐	☐
Large Animal	☐	☐	☐	☐
Laser (CO_2 or other)	☐	☐	☐	☐

Please indicate the availability of the following laboratory procedures: (Please X)

	In-house	**Outside**	**Not Available**		**In-house**	**Outside**	**Not Available**
Biochemical panels				Bacterial			
CBC w/differential							
PVC/Serum protein							
Blood gases							
Serology							
Urinalysis							
Necropsies							

	☐	☐	☐	culture/sensitivity	☐	☐	☐
	☐	☐	☐	Cytology	☐	☐	☐
	☐	☐	☐	Histopathology	☐	☐	☐
	☐	☐	☐	Skin scraping	☐	☐	☐
small	☐	☐	☐	Fecal floatation	☐	☐	☐
	☐	☐	☐	Heartworm test (antigen)	☐	☐	☐
	☐	☐	☐	FELV/FIV	☐	☐	☐

For most outside work, we use the following laboratory:

SMALL ANIMAL INFORMATION
(To be completed by exclusively or mixed practices only)

SERVICES:

We provide the following services:
☐ Outpatient examinations ☐ Inpatient hospitalization ☐ Ambulatory visits (house calls) ☐ Boarding ☐ _____

We have on-site isolation facilities for hospitalization of contagious patients. ☐ Yes ☐ No

After hour emergencies are handled by:
☐ Referral to a local emergency clinic
☐ Handled in house; staff doctor rotation
☐ Other:
Handled in-house; emergency doctor on-site _____

If other, please describe:

How many employees work in this practice?
___ Veterinarians
___ Licensed veterinary technicians
___ Non- licensed veterinary technicians
___ Veterinary assistants
___ Office/Reception staff
___ Kennel workers/others
___ Business/Personnel Manager

CASELOAD:

Approximate number of outpatients seen daily:
Canine: ___ Feline: ___ Avian: ___ Reptiles: ___ Other:

Please specify type(s) of "other": _____

Does your facility hospitalize patients overnight? ☐ Yes ☐ No

How does your facility monitor these patients?
☐ Doctor checks periodically ☐ Transferred to afterhours care facility ☐ Technician checks periodically

Please estimate your facilities caseload (%) for the following areas:
% Preventive medicine (vaccinations/routine health checks)
__ % Medical
__ % Surgical
__ % Dental
__ % Reproductive
__ % Humane society
__ % Other Please describe: _____

INFORMATICS:

How often do the veterinarians in this practice consult with or refer cases to specialty practices or institutions?

Telephone consultations	Not done ☐	Daily ☐	Weekly ☐	Monthly ☐		
Visiting consultant	Not done ☐	Daily ☐	Weekly ☐	Monthly ☐		
Case referrals	Not done ☐	Daily ☐	Weekly ☐	Monthly ☐		

Does the practice have the following informational resources?
In-house library ☐ Internet access ☐
Computerized information (CD-ROM) ☐ Computerized case management ☐

RADIOLOGY:

Does this facility have radiographic equipment? ☐ Yes No ☐

Does this equipment meet state regulations? ☐ Yes ☐ No

Date of last inspection: _____

(MM/DD/YYYY)

You and your employees have and routinely use which of the following protective equipment:

☐ Leaded aprons Leaded ☐ gloves

☐ Thyroid shields Film ☐ (monitoring) badges

Will you supervise the student in the use of protective equipment during preceptorship? ☐ Yes ☐ No

Does this facility have ultrasound equipment? ☐ Yes ☐ No

Does this ultrasound equipment have echo-cardiographic capabilities? ☐ yes ☐ No

SMALL ANIMAL INFORMATION (Cont.)
(To be completed by exclusively small or mixed practices only)

Does your facility have an automatic film processor? Yes ☐ No ☐ Does your facility have digital radiography? Yes ☐ No ☐

What contrast procedures are done by your facility?

☐ Barium GI Studies ☐ Contrast cystograms ☐ Double contrast cystograms
☐ Myelograms ☐ Other: _____

ANESTHESIA/SURGERY:

Does your practice have an in-house, designated, small animal surgical facility? ☐ Yes ☐ No

If YES, please answer the following questions:

Does your facility use inhalational (gas) anesthesia? ☐ Yes ☐ No

If YES, which types of anesthetics are used: ☐ Isoflurane ☐ Sevoflurane ☐ Nitrous oxide ☐ Other: _____

What induction agents are used? ☐ Ketamine/Diazepam ☐ Dexdormitor ☐ Telazol ☐ Other: ☐ Propofol _____

☐ Yes ☐ No
☐ Yes ☐ No

☐ Yes ☐ No

Do you use controlled (scheduled) analgesics?
Is the practice in current compliance with DEA regulations?

Do you routinely follow a pain management protocol in your practice?

What means does your facility use to monitor patients under anesthesia?

☐ ☐ Respiratory monitor (audible)
☐ ☐ CO_2 Monitor
☐ Esophageal stethoscope ☐ ECG
☐ Indirect blood pressure ☐ Technician to monitor vitals
☐ Other: _____

Is there a separate surgical preparation area from the surgical suite? ☐ Yes ☐ No

Stethoscope

Pulse oximeter

Current surgical standards include the use of a surgical gown, cap, mask, disposable gloves, as well as sterile surgical drapes and instrument packs for major (orthopedic and soft tissue) procedures and elective surgical procedures (spays and canine castrations).

Aseptic surgical standards should also be used for other minor surgical procedures (dental surgeries, small lacerations, feline castration/declawing, etc.)

Do you agree to provide for and supervise the student in complying with these guidelines while they are performing their preceptorship in your practice? ☐ Yes ☐ No

Please use the space below (or send attach additional pages) to provide additional information about your small animal practice that would be helpful to the committee or prospective students.

EQUINE AND FOOD ANIMAL INFORMATION

(To be completed by exclusively Equine, food animal or mixed practices only)

SERVICES:

We provide the following services:

☐ Outpatient examination ☐ Inpatient hospitalization
☐ Ambulatory visits (house ☐ calls) Boarding

We have on-site isolation facilities for hospitalization of contagious patients ☐ Yes ☐ No

After hour emergencies are handled by:

☐ Referral to a local ☐ Handled in house; staff doctor rotation
☐ emergency clinic ☐ Other
Handled in-house; emergency doctor on-site _____

If other, please describe:

How many employees work in this practice?

___ Veterinarians ___ Veterinary assistants ___ Business/Personnel Manager
___ Licensed veterinary technicians _____ ___ Office/Reception staff __ Kennel
___ Non- licensed veterinary technicians workers/others

CASELOAD:

Approximate number of cases and % breakdown of practice distribution:

	No.	**%**		**No.**	**%**
Bovine:			Equine:		
Dairy:			Pleasure horse:		
Beef:			Racing/Working		
Feedlot:			Swine:		
Camelids:			Small Ruminants:		

Other: Please specify:

INFORMATICS:

How often do the veterinarians in this practice consult with or refer cases to specialty practices or institutions?

	Not done	Daily	Weekly	Monthly
Telephone consultations	☐	☐	☐	☐
Visiting consultants	☐	☐	☐	☐
Case referrals	☐	☐	☐	☐

Does the practice have the following informational resources?

In- ☐ house library Internet access ☐
☐ Computerized information (CD- ☐ ROM) Computerized herd health management

RADIOLOGY:

Does this facility have large animal radiographic equipment? ☐ Yes No ☐

If YES, which type of radiographic equipment? In- ☐ House ☐ Portable ☐ Digital

Does this equipment meet state regulations? ☐ Yes No ☐ Date of last inspection: _____ **(MM/DD/YYYY)**

☐ You and your employees have and routinely use which ☐ of the following protective equipment?

☐ Leaded aprons Leaded ☐ gloves

Thyroid shields Film (monitoring) badges

Will you supervise the student in the use of protective equipment during preceptorship? ☐ Yes ☐ No

Does this facility have an automatic film processor? ☐ Yes ☐ No

What contrast procedures are done by your facility?

☐ Barium GI Studies ☐ Myelograms ☐ Contrast cystograms ☐ Double contrast cystograms ☐ Other: _____

Does this facility have Ultrasound capabilities? Yes No

EQUINE AND FOOD ANIMAL INFORMATION

(To be completed by exclusively Equine, food animal or mixed practices only)

ANESTHESIA/SURGERY:

Does your practice have an in-house, designated, large animal surgical facility? ☐ Yes ☐ No

If YES, please answer the following questions:

Does your facility use inhalational (gas) anesthesia? ☐ Yes ☐ No

If YES, what agent(s) are available?: _____

What induction agents are used?

☐ Ketamine/Diazepam
☐ Triple Dip
☐ Other: _____

Do you use controlled (scheduled) analgesics? ☐ Yes ☐ No

Is the practice in current compliance with DEA regulations? ☐ Yes ☐ No

Do you routinely follow a pain management protocol in your practice? ☐ Yes ☐ No

What means does your facility use to monitor patients under anesthesia? (Please x all that are appropriate)

☐	☐ Respiratory monitor (audible)
☐	☐ CO_2 Monitor
☐ Esophageal stethoscope	☐ ECG
☐ Indirect blood pressure	☐ Technician to monitor vitals

☐ Other: _____

Is there a separate surgical preparation area from the surgical suite? ☐ Yes ☐ No

Stethoscope

Pulse oximeter

Current surgical standards include the use of a surgical gown, cap, mask, disposable gloves, as well as sterile surgical drapes and instrument packs for major (orthopedic and soft tissue) procedures. Aseptic surgical standards should also be used for other minor surgical procedures (dental surgeries, lacerations, field castrations, DA surgeries, etc.)

Do you agree to provide for and supervise the student in complying with these guidelines while they are performing their preceptorship in your practice? ☐ Yes ☐ No

Please use the space below (or send attach additional pages) to provide additional information about your large animal practice that would be helpful to the committee or prospective students.