Practice-Based Equine Clerkship

PRACTICE POLICIES AND EXPECTATIONS

<table>
<thead>
<tr>
<th>PRACTICE NAME</th>
<th>Ocala Equine Hospital</th>
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<tbody>
<tr>
<td>PRACTICE ADDRESS</td>
<td>10855 NW US Hwy 27, Ocala, FL 34482</td>
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<tr>
<td>PRACTICE PHONE NUMBER</td>
<td>352-368-1616</td>
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<tr>
<td>ENROLLING DVM(s):</td>
<td>Armon Blair, DVM</td>
</tr>
<tr>
<td>EMAIL CONTACT:</td>
<td><a href="mailto:abeqdoc@aol.com">abeqdoc@aol.com</a></td>
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<tr>
<td>ADDITIONAL ASSOCIATES IN PRACTICE:</td>
<td>John Madison, Bob Bloomer, Kent Cantrell, Adam Lusk - owners Jean White, Lynn Bull, Joel Lugo, Courtney Varney, Jared High</td>
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PRACTICE DESCRIPTION: Full service ambulatory service. Predominantly orthopedic outpatient surgical case load. Dynamic respiratory endoscopy, stem cell therapy, scintigraphy

SPECIFIC PRACTICE POLICIES:

Is smoking permitted by the practice? Y ✔ N ☐ Does the practitioner smoke? Y ☐ N ✔

Comments: ____________________________________________________________

Standard working attire for students (i.e., coveralls, boots, khaki-type pants, polo-type shirts):
Khaki-type pants, polo-type shirts, footwear no preference other than covered toes.

Items student need to bring (i.e., stethoscope, bedding, towel): □ stethoscope

Living accommodations:

Commuter practice? (Less than 25 mi. from Gainesville) Y ☐ N ✔

Provided by practice? Y ☐ N ✔ If yes, please describe: ____________________________________________________________

If no, PBEC will provide housing

If the student has family/friends in the area, how close to the clinic does this type of housing need to be? ____________________________________________________________

Are laundry facilities available for student use? Y ☐ N ✔
Do students need their own transportation while at the practice?  Y __ N __

Should student pack a lunch to eat on the road?  Y __ N __

Are pets allowed?  Y __ N __ Comments: ________________________________________________________

Hours/Weekend Policy: ____________________________________________________________

PRACTICE EXPECTATIONS FOR SKILLS AND KNOWLEDGE (PLEASE CIRCLE/UNDERLINE ITEMS OF IMPORTANCE BELOW)

- Upon arrival at your PBEC practice (day one of your rotation) you will be expected to be able to perform and/or be knowledgeable concerning the following items. The items circled/underlined are those that this practice would like to emphasize as especially important.
  - Be able to correctly and legibly label blood tubes for submission to a diagnostic lab.
  - Be able to generate a rule-out list for common diseases of the various systems, especially:
    - Gastrointestinal
    - Respiratory
    - Musculoskeletal
    - Neurologic
    - Skin
    - Reproductive *seasonally*
  - Be able to generate a case management plan including therapeutics for treatment and prevention.
  - Other: _____________________________________________________________________________
  - Be able to generate a rule-out list and case management plan (as above) when presented with an animal/herd that display(s) the following clinical signs:
    - Colic
    - Hyperthermia
    - Anorexia
    - Abnormal lung sounds
    - Lameness in one or more limbs
    - Neurologic
    - Non-pruritic skin disease
    - Pruritic skin disease
    - Acute and chronic diarrhea
    - Abortion
    - Weight loss
    - Others: ___________________________________________________________________________