

**Murray State College Veterinary Nursing Program- Distance Learning  
Off-Campus Clinical Institution Site Application  
Equine Facility**

Instructions:

- The practice owner or practice manager must complete this form.
- The primary preceptor listed must sign the Student Clinical Experience Agreement for the facility.
- Make sure to fill all applicable spaces
- **When finished email document to [mscvn.msco.edu](mailto:mscvn.msco.edu)**
- If you have any questions or experience issues please contact Laura Sandmann at [lsansmann@msco.edu](mailto:lsansmann@msco.edu) or Aubree Goodwin [agoodwin@msco.edu](mailto:agoodwin@msco.edu).

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Facility Name (as appears on IRS tax records):

Facility Website URL:

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**Mailing Address**

Street Address:

City:

State:

Zip Code:

**Physical Address (if different from mailing)**

Street Address:

City:

State:

Zip Code:

**Phone Number:**

**Fax Number:**

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**Who will be utilizing your facility?**

Please list all of the MSCVNDL students who will be using this facility to complete their required training:

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**Facility Equipment Check List-** Please place a check next to each item your clinic has readily available. If your clinic does not have an item, do not check the box, but highlight the item using the yellow highlight option.

**Please note that not all of these pieces of equipment are required.** Knowing what your clinic has in place will help us determine what Clinical Skills courses can be completed at your clinic.

**Anesthesia:**

Large Animal Anesthetic Machine	Inhalant Anesthetic Agent (Isoflurane)
Endotracheal Tubes Varying Sizes	Functional Waste Gas Exhaust System

**Surgical Instruments, Relative Equipment, and Supplies:**

Autoclave	Basic Surgical Instruments
Surgical Light	*Specific Surgical Instruments (Orthopedic)
Electric Clippers	Designated Surgery Table
**Equipped & Accessible Emergency Crash Cart	Emasculator

\*Familiarity with common orthopedic instruments – e.g. orthopedic wire, K-wire, pins, bone screws, pin cutter, wire cutting scissors, rongeur, bone holding forceps, hand chuck, osteotome, bone curette, mallet, Gigli wire saw and handles, elevator, and bone plates.

\*\*Including, but not limited to, assorted endotracheal tubes, resuscitation bag, assorted intravenous catheter sizes, epinephrine, atropine, lidocaine, face mask(s), stethoscope.

**Patient Monitoring Equipment:**

Thermometer/Temperature Monitoring Device	Capnometer
Pulse Oximeter	Blood Pressure Monitoring Equipment
Cardiac Monitor	Electrocardiograph (with printing capabilities as optional)

**Examination/Treatment Supplies & Equipment:**

*Appropriate Stalls/Pens	Scale/Weight Tape	Bandage Material/Wraps
Casting Material	Syringes/Disposable Needles	Ophthalmoscope
Otoscope	Stethoscope	Tonometer
**Oral Dosing Equipment	Tourniquet	Stomach Tubes
***Refrigerator		

\*Follow federal regulations.

\*\*Equine/Large Animal Specific

\*\*\*Designated Equine Treatment Use

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**Radiology:**

Protective Apron	Protective Thyroid Shield	Protective Gloves
Storage Rack for PPE	Radiation Dosimeter Badges	Calipers
Portable Radiology Machine	Fixed Radiology Machine	Film I.D. Markers
Cassette or Plate Holders	High Speed/Rare Earth Screens	Protective Lead Eyeglasses (if required by state law*)
Directional/Positional Markers		

**Laboratory:**

Chemistry Analyzer	Electronic Blood Cell Counter
Differential Blood Cell Counter (manual or electronic smartphone apps)	Microscope
Incubator	Refrigerator (designated lab use)
Hand Tally Cell Counter	Centrifuge
Microhematocrit Centrifuge	Refractometer

**Dentistry:**

Electric and Manual Float Kits	Wolf Tooth Extractor
Various Dental Instruments	*PPE- Mouth/Nose/Eye Covering/Head Lamp
Oral Speculum	

\*Personal Protective Equipment

**Restraint:**

Equine Stocks	Ropes
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**Other Necessary Supplies & Equipment:**

*Controlled Drug Cabinet	Mechanical Twitch
Hoof Care (trimmers, rasps, picks, etc.)	Equine Halters

\*Must be following state and federal laws.

**Facility Standard Agreement**

We want to make sure our students to have adequate exposure to quality veterinary medical practices and equipment. Therefore, in order to be approved as an OCCI site for the Murray State College Veterinary Nursing Distance Learning Program your veterinary care facility(s) must meet certain minimum criteria in regard to equipment, practice quality, and hospital staff. Each individual OCCI site must agree to follow the minimum standards in order to receive approval.

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I have thoroughly reviewed the MSCVNDL OCCI Clinical Requirements Information document and agree to make sure my facility and staff uphold these standards.

I agree to the above statements:

Please add your signature below.

\_\_\_\_\_  
X  
Practice Owner or Practice Manager

**Primary Preceptor Agreement-**

By completing and submitting this application, I am in agreeance to act as the listed student(s) primary preceptor for this facility (the facility listed in the above document). I acknowledge that I have read and reviewed this application entirely and will verify that to the best of my knowledge the information we provided is accurate. I have reviewed information provided over the MSCVNDL program and agree to act as the primary preceptor for this student in this facility.

As the primary preceptor of this OCCI site I agree that I will notify the program chair and/or required staff if there are significant changes within the facility including, but not limited to, structural integrity and physical structure. Additionally, I know it is my responsibility to notify the chair of the program or required staff if my credentials change, association or employment with the facility changes, or if I no longer want to be listed as a primary preceptor.

I agree to the above statements:

Please add your signature below.

\_\_\_\_\_  
X  
Primary Preceptor

**Primary Preceptor Information-**

Name:

First	Middle Initial	Last

Maiden or former name that nay appear on license or diploma:

Email Address (Primary Preceptor)	Phone Number	Type of Phone

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Please indicate your credentials and attach a current copy of your state credentials:

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Additional comments or clarification:

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Name of individual submitting this application:

X \_\_\_\_\_

Practice Owner or Practice Manager

Date: