

**Murray State College Veterinary Nursing Program- Distance Learning  
Off-Campus Clinical Institution Site Application  
Food Animal & Small Ruminant 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.mscok.edu](mailto:mscvn.mscok.edu)**
- If you have any questions or experience issues please contact Laura Sandmann at [lsansmann@mscok.edu](mailto:lsansmann@mscok.edu) or Aubree Goodwin [agoodwin@mscok.edu](mailto:agoodwin@mscok.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
Anesthetic Masks Varying Sizes	Laryngoscope

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

Autoclave	*Gurney/Stretcher
Fluid Pump	Basic Surgical Instruments
Surgical Light	**Specific Surgical Instruments (Orthopedic)
Electric Clippers	Designated Surgery Table
Warming Device (e.g. circulating warm water blanket, forced warm air blanket)	Emasculator
***Equipped & Accessible Emergency Crash Cart	

\*Appropriate means to transport large animal and small ruminant species.

\*\*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	Esophageal Stethoscope
Cardiac Monitor	Blood Pressure Monitoring Equipment
Electrocardiograph (with printing capabilities as optional)	Resuscitation Bag

**Examination/Treatment Supplies & Equipment:**

*Appropriate Stalls/Pens	**Refrigerator	Stomach Tubes
Bandage Material/Wraps	Casting Material	Appropriate Scale/Weight Tape
Ophthalmoscope	Otoscope	Oral Speculum
Tonometer	Vaginal Speculum	Stethoscope
Tourniquet	Feeding Tubes & Gavage	Syringes/Disposable Needles

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\*\*\*Oral Dosing Equipment

\*Follow federal regulations.

\*\*Designated Large/Food Animal Treatment Use

\*\*\*Large Animal Specific

**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

**Restraint:**

Bovine & Small Ruminant Halters	Nose Tongs
Ropes	*Cattle Chute/Head Gate

\*A restraint device whereby the animal head is fixed and the back and sides are closed to allow safe examination and treatment of patient.

**Other Necessary Supplies & Equipment:**

*Controlled Drug Cabinet	Dehorner
Ear Tagger and Tattoo	Hoof Care (trimmers, rasps, picks, etc.)

\*Must be following state and federal laws.

**Facility Standard Agreement**

We want to make sure students 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 may appear on license or diploma: [Click or tap here to enter text.](#)

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: Click or tap here to enter text.

X
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Practice Owner or Practice Manager

Date: