



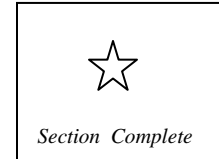
Record Sheet

for Veterinary Apprenticeship Program

Name _____

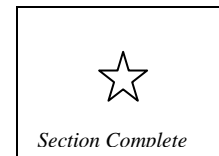
1. Nails, Feet, & Ears

Workshop	<input type="checkbox"/>				
Examine Feet	<input type="checkbox"/>	<input type="checkbox"/>			
Trim Nails	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Clean Ears	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Committee Review	<input type="checkbox"/>				



2. Injections & Oral Medications

Workshop	<input type="checkbox"/>				
Practice Sub Q	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Practice IM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Sub Q on Animal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IM on Animal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dosing Animal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Committee Review	<input type="checkbox"/>				



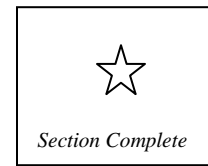
3. Shearing & Grooming

Workshop #1	<input type="checkbox"/>				
Workshop #2	<input type="checkbox"/>				
Using Blower	<input type="checkbox"/>	<input type="checkbox"/>			
Changing Blades	<input type="checkbox"/>	<input type="checkbox"/>			
Shearing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Complete Shear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Committee Review	<input type="checkbox"/>				



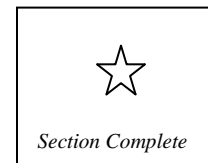
4. Fecal Testing

Workshop	<input type="checkbox"/>	<input type="checkbox"/>			
Pull Sample	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Centrifuge Info	<input type="checkbox"/>	<input type="checkbox"/>			
Processing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scan Slide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Identify Eggs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Committee Review	<input type="checkbox"/>				



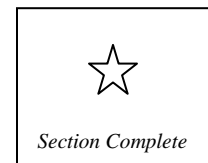
5. First Aid & Basics

Workshop	<input type="checkbox"/>				
Famacha Score	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Body Score	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skin Evaluation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Stethoscope	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Respiration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Wound Wrap	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Eye Ointment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Committee Review	<input type="checkbox"/>				



6. Breeding & Birthing

Workshop	<input type="checkbox"/>	<input type="checkbox"/>			
Witness A Breeding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Behavior Testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
View a Live Birth	<input type="checkbox"/>	<input type="checkbox"/>			
Weighing Cria	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Treat Umbilical Cord	<input type="checkbox"/>	<input type="checkbox"/>			
Check Mouth	<input type="checkbox"/>	<input type="checkbox"/>			
Check Temperature	<input type="checkbox"/>				
Check Mom for Milk	<input type="checkbox"/>	<input type="checkbox"/>			
Committee Review	<input type="checkbox"/>				



* Keep this Record Sheet for all age divisions. Mark your age division.
 * It is recommended that you have the Veterinary Apprenticeship Book
 * Injections - Seniors must experience at least 3-4 hands on sessions
 * There is no exact number of sessions or experiences for each category. All members (different ages) progress at their own rate. Herd Management Committee will evaluate
 * You may add additional checks as appropriate in addition to boxes.
 * You may attend a workshop more than once. Especially if attended when Junior age.
 * Seniors may become youth members of HM Committee.