



Purdue University
Veterinary Technology Distance Learning Program

School of Veterinary Medicine, 625 Harrison Street, West Lafayette, Indiana 47907-2026

**CLINICAL MENTORSHIP SITE FACILITY
REQUIREMENT AGREEMENT - VM 22600**

You must visit the Clinical Mentorship Site and determine if the following equipment is readily available to you for use during your Clinical Mentorship. You must complete and have the facility veterinarian sign the Clinical Mentorship Site Facility Requirement Agreement. (Check off boxes to verify that you have each item)

The veterinary care facility must be equipped:

With the following equipment:

- Stethoscope
- Oral gavage needles (will be provided by Purdue VTDL)
- Cat bag
- Clippers
- Towels
- Mask or chamber for Isoflurane induction of rodents, if used
- Commercial rodent restrainer (optional)
- Commercial rabbit restrainer (optional)

With the following pharmaceuticals or agents:

- Isoflurane for rodent anesthesia
- Ketamine / Xylazine for rodent anesthesia (Note: expires 2 weeks after mixing)
- Oxygen if Isoflurane used
- Acepromazine for rabbit sedation (optional)

The following disposable items must be available

- IV catheters (24 gauge)
- Syringes (1cc, 3cc)
- Needles (22gauge, 25 gauge)
- Eye lubricant
- Heparinized saline
- Heparinized microhematocrit tubes
- 4X4 non-sterile gauze
- Cases from 35cc syringes
- Sterile saline for injection
- Exam gloves
- Isopropyl alcohol
- Super Glue or equivalent

With the following species:

- Rodents: Two - one male, one female
 - *Adult rat (at least 300 gm) may be used for all rodent procedures, and is recommended.
 - *Gerbils, hamsters, mice and guinea pigs may be used, but will not be acceptable for all procedures.

- Rabbits: Two - one male, one female (both approximately 8 pounds)

I certify that the veterinary care facility

_____ Name of Veterinary Hospital or Facility

has the equipment that I have indicated by checking the boxes above; and that such

equipment and materials are available to the VT-DLP Student _____

Name of Student

for use in the completion of the VM 22600 Clinical Mentorship.

I certify that this facility is in compliance with current OSHA (Occupational Safety and Health Administration) and any state or local regulations, requirements, or laws regarding workplace safety.

Printed Name of Facility Veterinarian:

Signature: _____ Date: