



**Purdue University  
Veterinary Technology Distance Learning Program**

*Lynn Hall, Purdue University, West Lafayette, Indiana 47907*

**CLINICAL MENTORSHIP SITE FACILITY  
REQUIREMENT AGREEMENT - VM 20500**

In order for a veterinary care facility to participate as a Clinical Mentorship site for VM 20500 Small Animal Medical Nursing Clinical Mentorship I, the facility must be equipped with the following equipment:

- |   |   |
|---|---|
| <input type="checkbox"/> Stethoscope                  | <input type="checkbox"/> Cat muzzle                     |
| <input type="checkbox"/> Rectal thermometer           | <input type="checkbox"/> Nail trimmers/hemostatic agent |
| <input type="checkbox"/> Nylon or leather dog muzzles | <input type="checkbox"/> Canine Restraint/Catch Pole    |
| <input type="checkbox"/> Cat restraint bag            |   |

In addition, the following disposable items must be available:

- |   |  |
|---|--|
| <input type="checkbox"/> Cloth towels                                 | <input type="checkbox"/> Cotton balls                  |
| <input type="checkbox"/> 3cc syringes and needles                     | <input type="checkbox"/> Examination gloves            |
| <input type="checkbox"/> Eye drop medication                          | <input type="checkbox"/> 4x4 or 2x2 gauze sponges      |
| <input type="checkbox"/> Eye ointment medication                      | <input type="checkbox"/> KY Jelly or similar lubricant |
| <input type="checkbox"/> Sterile saline for parenteral administration | <input type="checkbox"/> Shampoo                       |
| <input type="checkbox"/> Cotton-tipped applicators                    | <input type="checkbox"/> Hair brushes                  |
|   | <input type="checkbox"/> Microscope slides             |

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 20500 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: \_\_\_\_\_

*This form must be signed and returned to the student, submitted and approved by Purdue prior to beginning of the Clinical Mentorship VM 205.*

Purdue University is an equal access/equal opportunity/affirmative action university.

If you have trouble accessing this document because of a disability, please contact PVM Web Communications at vetwebteam@purdue.edu.