



**Purdue University**  
**Veterinary Technology Distance Learning Program**

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

**CLINICAL MENTORSHIP SITE FACILITY**  
**REQUIREMENT AGREEMENT - VM 20700**

In order for a veterinary care facility to participate as a Clinical Mentorship site for VM 20700 Small Animal Medical Nursing III Clinical Mentorship, the facility must be equipped with the following equipment: (Check off boxes to verify that you have each item)

- Clippers with a #40 blade
- Bandage Scissors
- ECG monitor with 2 or 4 lead capability
- ECG leads
- Tru-Cut biopsy device
- Slide Mailer
- Shiotz tonometer or Tonopen
- Endotracheal tubes
- Diff Quick stain
- Ambu bag or anesthesia machine with rebreathing bag
- Emergency drug box or cart

In addition, the following disposable items must be available:

- |   |   |
|---|---|
| <input type="checkbox"/> Syringe - assorted sizes             | <input type="checkbox"/> Mineral oil                    |
| <input type="checkbox"/> Needles - assorted sizes (22,25 ga)  | <input type="checkbox"/> Ophthalmic irrigating solution |
| <input type="checkbox"/> Isopropyl Alcohol                    | <input type="checkbox"/> Cotton balls                   |
| <input type="checkbox"/> Fluids for parenteral administration | <input type="checkbox"/> Fluorescein strips or solution |
| <input type="checkbox"/> Scalpel blades (#11, #15)            | <input type="checkbox"/> Zonas® or other tape           |
| <input type="checkbox"/> IV Tubing                            | <input type="checkbox"/> Heparinized Saline             |
| <input type="checkbox"/> Sterile Saline                       | <input type="checkbox"/> IV catheter                    |
| <input type="checkbox"/> Schirmer tear test strips            | <input type="checkbox"/> Supplies for a sterile prep    |
| <input type="checkbox"/> Microscope slides                    | <input type="checkbox"/> Elizabethan collar             |
| <input type="checkbox"/> Topical ophthalmic anesthetic        | <input type="checkbox"/> ECG paste                      |

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

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equipment and materials are available to the VTDL Student \_\_\_\_\_  
Name of Student

for use in the completion of the VM 20700 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 20700.*

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