



**AUSTRALIAN AND NEW ZEALAND  
COLLEGE OF VETERINARY SCIENTISTS**

**FELLOWSHIP GUIDELINES**

*Small Animal Medicine*

**ELIGIBILITY**

1. The Candidate must meet the eligibility prerequisites for Fellowship outlined in the *Fellowship Candidate Handbook*.
2. Membership of the College must be achieved prior to the Fellowship examination.
3. Membership must be in canine, feline or small animal medicine.

**OBJECTIVES**

To demonstrate that the Candidate has attained sufficient knowledge, training, experience, and accomplishment to meet the criteria for registration as a specialist in Small Animal Medicine.

**RESPONSIBILITY**

It is the candidate's responsibility to ensure they have fulfilled all the requirements of the training program guidelines prior to submitting their credentials for eligibility for examination.

**LEARNING OUTCOMES**

For the purposes of this and further discussion, the term "small animals" will be taken as meaning cats and dogs.

1. The Candidate will have a **detailed**<sup>1</sup> knowledge of:
  - 1.1. canine and feline anatomy, physiology and pharmacology;
  - 1.2. the aetiology, pathogenesis and pathophysiology of organ dysfunction in the cat and the dog;

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<sup>1</sup> **Knowledge Levels:**

**Detailed knowledge** - candidates must be able to demonstrate an in-depth knowledge of the topic including differing points of view and published literature. The highest level of knowledge.

**Sound knowledge** – candidate must know all of the principles of the topic including some of the finer detail, and be able to identify areas where opinions may diverge. A middle level of knowledge.

**Basic knowledge** – candidate must know the main points of the topic and the core literature.

- 1.3. the diagnosis, differential diagnosis, pathophysiology, treatment and management of canine and feline diseases;
  - 1.4. diagnostic tests and procedures as these apply to the diagnosis of disease conditions in the cat and the dog;
  - 1.5. chemotherapeutics, vaccines and biologics used for the treatment, prevention and control and management of canine and feline diseases;
  - 1.6. canine and feline nutrition, husbandry and preventative medicine, especially as it applies to the management of disease conditions, paediatrics, geriatrics and other special life stage or training requirements;
  - 1.7. canine and feline diseases exotic to Australia and New Zealand but which could be of potential significance or importance to canine or feline health in Australia and New Zealand;
  - 1.8. the measures to reduce the public health significance of those diseases of the cat and the dog which are zoonotic.
2. The Candidate will have a **sound** knowledge of:
    - 2.2 canine and feline reproduction and reproductive disease.
3. The candidate will **be able to**:
    - 3.1. with **detailed**<sup>2</sup> diagnostic expertise, collect, interpret and record clinical data in canine and feline cases including:
      - 3.1.1. historical and physical examinations of all body systems;
      - 3.1.2. the results of clinical pathology investigations;
    - 3.2. with **sound** diagnostic expertise, collect, interpret and record clinical data of:
      - 3.2.1. diagnostic imaging examinations including radiography, fluoroscopy, ultrasound and computed tomography.
    - 3.3. perform the following technical procedures, with a **detailed** level of expertise;
      - 3.3.1. administration of cytotoxic chemotherapy
      - 3.3.2. biopsy techniques (fine needle aspiration and cutting needle core samples, with and without imaging guidance)
      - 3.3.3. blood pressure measurement
      - 3.3.4. body cavity centesis: thoracic, abdominal, pericardial
      - 3.3.5. bone marrow biopsy & aspiration
      - 3.3.6. cerebrospinal fluid collection
      - 3.3.7. electrocardiography (routine)

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<sup>2</sup> Skill levels:

**Detailed expertise** – the candidate must be able to perform the technique with a high degree of skill and have extensive experience in its application. The highest level of proficiency.

**Sound expertise** – the candidate must be able to perform the technique with a moderate degree of skill and have moderate experience in its application. A middle level of proficiency.

**Basic expertise** – the candidate must be able to perform the technique competently in uncomplicated circumstances.

- 3.3.8. endoscopy of the respiratory, alimentary and genitourinary tracts
- 3.3.9. interventional/therapeutic endoscopy
- 3.3.10. joint fluid aspiration
- 3.3.11. thoracostomy tube placement
- 3.3.12. transtracheal aspiration & bronchoalveolar lavage
- 3.3.13. enteral nutrition tube placement
- 3.4. perform the following technical procedures, with a **sound** level of expertise;
  - 3.4.1. arterial blood sample collection
  - 3.4.2. central venous catheter placement and central venous pressure measurement
  - 3.4.3. electrocardiography –ambulatory event-based and continuous recorders
  - 3.4.4. partial and total parenteral nutrition
  - 3.4.5. peritoneal dialysis
  - 3.4.6. prostatic massage/ejaculate collection
- 3.5. understand the technique and interpret the results of, with a **sound** level of expertise;
  - 3.5.1. electromyography, nerve conduction studies, brainstem auditory evoked response evaluation and magnetic resonance imaging.
  - 3.5.2. Echocardiography
- 4. The candidate will **be able to**, with a **detailed** level of expertise:
  - 4.1. analyse complex clinical problems and make sound clinical judgements
  - 4.2. will demonstrate effective communication skills, in both written and oral form, using professional terminology and a logical approach
  - 4.3. integrate skills and knowledge to provide high-quality care for cats and dogs with the most efficient use of resources in a manner that is responsive to the owner's needs and wishes;
  - 4.4. evaluate and incorporate new scientific information relevant to the practice of small animal medicine;
  - 4.5. advance knowledge in small animal medicine through clinical innovation, research and publication.

## EXAMINATIONS

Refer to the *Fellowship Candidate Handbook*, section 5.

The Fellowship examination has **four separate, autonomous components**:

- 1. Written Paper 1** (*Component 1*)  
Principles of the Subject (four hours)
- 2. Written Paper 2** (*Component 2*)  
Applied Aspects of the Subject (four hours)
- 3. Practical Examination** (*Component 3*)  
Practical (three hours)
- 4. Oral Examination** (*Component 4*)  
Oral (two hours)

The written examination will comprise of two separate four-hour written papers taken on two consecutive days. There will be an additional 20 minutes perusal time for each paper, during which no typing is permitted. The exam may include a series of short answer questions, multiple-choice questions or may require an essay-type response. The exam is worth a total of 240 marks and all questions must be answered. Marks allocated to each question and to each subsection of questions will be clearly indicated on the written paper.

### Written Paper 1:

This paper is designed to test the Candidate's knowledge of the principles of Small Animal Medicine as described in the Learning Outcomes using essay-style, short answer and/or multiple-choice question formats. Answers may cite specific examples where general principles apply, but should primarily address the fundamental concepts underlying each example.

### Written Paper 2:

This paper is designed to test the Candidate's ability to apply the principles of Small Animal Medicine to particular cases/problems or tasks, demonstrating their knowledge of the current body of research-based evidence applicable to that particular case. It may also test the Candidates' familiarity with current practices and issues that arise from activities within the discipline of Small Animal Medicine in Australia and New Zealand. Although the questions tend to be clinically based, the Candidate may be required to display understanding of physiology and to justify their clinical approach and treatment options using their knowledge of pathophysiology and pharmacology.

**Practical Examination:**

The practical examination is designed to test practical aspects of the Learning Outcomes. Candidates will be required to compose short written answers pertaining to case-based material presented. Candidates must demonstrate deep understanding and practical application of diagnostic tests and equipment used in Small Animal Medicine. No perusal time will be given for the practical exam. The practical will consist of a series of questions with sub-questions, equating to a total of 180 marks. Marks allocated to each question and to each sub-section will be clearly indicated on the written paper. Patient images or videos, radiographs, ultrasound images, CT studies, MR images, ECG recordings, EMG recordings, NCV recordings, cytology images as well as copies of pathology, radiography or other ancillary test reports are likely to be used during this examination.

**Oral Examination:**

The oral examination may cover case-based material or more general discussion, including areas of recent interest or controversy in Small Animal Medicine. The oral examination is designed to test practical aspects of the Learning Outcomes. To pass this examination, the candidate must be able to demonstrate the required level of knowledge in the Learning Outcomes to the examiners and to support their opinions with citations of the veterinary literature. Cases or topics are presented with supporting questions asked verbally in a face-to-face setting. Patient images or videos, radiographs, ultrasound images, CT studies, MR images, ECG recordings, EMG recordings, NCV recordings, cytology images as well as copies of pathology, radiography or other ancillary test reports are likely to be used during this examination.

Successful candidates may be required to submit two questions (type to be determined) to the College the year after they pass. These questions would be considered for acceptance into the college question bank, to be used to create examination papers in the future.

## TRAINING PROGRAMS

Refer to the *Fellowship Candidate Handbook*, Section 3.3.

In addition to the Requirements of the *Fellowship Candidate Handbook*, the Small Animal Chapter imposes the following additional requirements.

1. Minimum thresholds to be accomplished:

The Small Animal Medicine Chapter requires the Candidate to document, within the Activity Log Summary, a minimum of 500 (five hundred) cases over the training period. Cases suitable for inclusion are those where the Candidate is the primary clinician performing the majority of the clinical procedures and client communication on the case. Revisit appointments on the same case for the same presenting problem are NOT to be entered separately in the Activity Log Summary. As this subject encompasses two species, the Candidate must have a minimum of 200 cases from each species documented in the Activity Log Summary.

In an attempt to ensure adequate exposure to the variety of medical cases seen in specialist practice, the Chapter suggests the following minimum of cases per organ system (as set out in the Activity Log Summary):

Neurological	30
Haematopoietic	30
Endocrine	30
Respiratory	30
Cardiovascular	30
Alimentary	30
Genito-Urinary	30
Musculo-Skeletal	15
Infectious	30

Any single case can be allocated to a single organ system that most appropriately describes the major clinical problem. Note that oncology is not a separate category, but cases are included in the organ system affected.

For Candidates that are completing an Alternative Training Program with periods of indirect supervision, the Candidate needs to log at least 50% of their feline and canine cases while under direct supervision. The Candidate must also log at least 20 neurological and 20 cardiology cases while under direct supervision. It is also recommended that the majority of these supervised cases be accrued within the first 12 to 18 months of the Fellowship Training Program to maximise the benefits of the supervision.

2. Techniques to be accomplished:

Rather than imposing a minimum threshold of specific procedures to be performed and mastered by the Candidate, the Chapter strongly advises that proficiency in and understanding of the procedures listed in the learning outcomes should be achieved and reviewed by their supervisor prior to the time of credentialling and examination.

The Candidate may be questioned on these procedures and any related issues in any part of the examination process.

### 3. Supervision:

Fellowship Candidates must have a minimum of **two (2)** supervisors during their Fellowship training program. The Primary Supervisor must have a recognised specialist qualification in small animal medicine. The Secondary Supervisor must have a specialist qualification in a core medicine discipline such as small animal medicine, canine medicine, feline medicine, medical oncology, cardiology or neurology.

The candidate must be working **full-time** in the discipline and be under direct supervision by one or both supervisors **at all times** when undertaking clinical duties. Direct supervision is defined as in-person, on-site consultation between the candidate and supervisor throughout the day to provide opportunity for co-operative or interactive case management. The secondary supervisor must actively supervise **at least 20%** of the training period overall and play an active role in the candidate's training (including co-signing the annual supervisors report to document their involvement in the candidate's training and feedback).

Secondary supervision can be achieved in one of the following ways:

- a) **On-site training (preferred):** Both supervisors on-site at the principal place of employment, with the secondary supervisor directly supervising the candidate for at least one day per week (regardless of whether the candidate works a 4 or 5 day full-time week).
- b) **Off-site training:** In the event that the secondary supervisor works at a secondary location, the candidate will undertake directly supervised training with the secondary supervisor onsite at the secondary location (providing that the secondary site has been approved by the TCC as a training facility). This training period with the secondary supervisor will be equivalent to at least 18 weeks of full-time training over the course of the training program. This training can occur at any time throughout the fellowship training program as either single days or blocks of time. During these directly supervised periods at the secondary site, the resident must have primary responsibility for their cases and the secondary supervisor must be on-site at all times when the resident is performing clinical duties.

Please note that neither supervisor needs to work full-time (as per Fellowship Candidate Handbook, Section 2.7.1.2) but between the two (or more) supervisors full-time, on-site supervision (equivalent to 38 hrs per week) needs to be provided when clinical duties are being undertaken.

If one supervisor is unable to cover for predicted absences of the other supervisor then the candidate should consider other activities over that period (eg. research/study leave, conference leave, TRD, externships) so that the training program can continue. As per section 2.7.2 of the Fellowship Candidate Handbook, if neither supervisor is

available for directly supervised training for more than one week over a three-month period, then DST cannot be logged in the ALS unless an alternative supervisor is appointed. Remote supervision (eg. via phone, email, video conferencing) is only acceptable in the context of after-hour clinical supervision and during brief periods (<1 week per 3 months) of absence.

If the secondary supervisor is not a small animal medicine specialist, a contingency plan should be created to ensure the candidates training program can continue in the event that the primary supervisor becomes unable to continue long-term supervision.



## TRAINING IN RELATED DISCIPLINES

Refer to the *Fellowship Candidate Handbook*, 2.4.2.

As stipulated by the *Fellowship Candidate Handbook*, the Candidate in Small Animal Medicine must spend time training in related disciplines, provided there is a predominance (>75%) of canine and feline case material. Related disciplines are those considered relevant to the practice of small animal medicine, but that are not specifically assessed under these guidelines, and may include diagnostic imaging, clinical pathology, anatomical pathology, ophthalmology, anaesthesia or emergency & critical care. Related disciplines must be in subjects for which ANZ College of Veterinary Scientists Fellowship guidelines exist. Cases seen during training in related disciplines cannot be counted in the activity log summary.

Pre-approval forms must be completed for training in related disciplines (see ANZCVS website). The credentials document must include supervisor reports for all training in related discipline periods. These reports must include a detailed description of the types of activities undertaken.

Cardiology, neurology and oncology are considered core Small Animal Medicine disciplines and are not related disciplines.

## EXTERNSHIPS

Refer to the *Fellowship Candidate Handbook*, Section 2.4.1.

If, during their fellowship training program, the Candidate has not undertaken at least **TWO (2) weeks** of immersive, on-site training in **EACH** of the fields of **Neurology, Oncology and Cardiology** under the direct supervision of an approved specialist in that specific field, then, in accordance with Fellowship Candidate Handbook Section 2.4.1.4, the candidate will require a TWO (2) week (minimum) full-time externship to be performed in the relevant core specialities. Pre-approval forms must be completed for both immersive on-site training and/or these externships (see ANZCVS website).

Small Animal Medicine fellowship candidates are also encouraged to complete a TWO (2) week (minimum) externship in the broader field of Small Animal Medicine to ensure a well-rounded and balanced exposure to a range of specialist opinions, methods and facilities. Co-operative and co-ordinated swapping of Small Animal Medicine fellowship candidates between training facilities within Australasia is encouraged to minimise the cost of these externships for both the candidate and employer.

As per the Fellowship guidelines 2.4.1.3 all candidates must complete a minimum of four weeks in total of externships during their direct training. The credentials document must include supervisor reports for all externship and immersive training periods. These reports must include a detailed description of the types of activities undertaken.

## ACTIVITY LOG SUMMARY

The Activity Log Summary (ALS) should be recorded using the templates samples from the College website. It should be divided by species and category using the template examples provided in **Appendix 1**.

Categories for the ALS are as follows:

- Neurological
- Haematopoietic
- Endocrine
- Respiratory
- Cardiovascular
- Alimentary
- Genito-Urinary
- Musculo-Skeletal
- Infectious
- Miscellaneous other (including dermatological, behavioural etc)

Separate Activity Log Summaries are to be kept for **each** of Feline and Canine cases. Note that the Techniques Log from the College website, is NOT required. As specified previously, cases seen in training-in-related disciplines cannot be included, and externship cases can only be included after approval from the SSC on an individual case-by-case basis (particularly towards the end of the training program when exposure to cases involving certain body systems and/or feline numbers are not considered adequate).

## PUBLICATIONS and PRESENTATION

Refer to the *Fellowship Candidate Handbook*, Section 2.10

Learning outcomes specific to the publication and presentation requirements:

- 1) To become familiar with scientific study design, hypotheses, inclusion/exclusion criteria and the concept of statistical power
- 2) To be able to critically analyse, recognise limitations of and draw conclusions from study data
- 3) To demonstrate coherent communication skills while utilising professional terminology and a logical approach

To overcome the variation in article classifications across a range of peer-reviewed journals, the Subject Standards Committee (SSC)<sup>3</sup> will review the publication to determine whether it is acceptable as a primary or secondary publication (as per Section 2.10.18 of the *Fellowship Candidate Handbook*). *The classification of the content by the publishing journal should not be considered final.*

Relevant definitions as they apply to SAM publications:

- *Original* = means new/novel information that advances the understanding of a topic

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<sup>3</sup> Subject Standards Committee (SSC) replaces the previous committee titled CEC. You must send all communication through the College office regarding training program queries, who will contact your SSC on your behalf.

- *Research* = the study or investigation of a topic whether it be through a clinical, epidemiological or experimental trial, OR whether it be the considered and detailed evaluation of a topic via a review project.
- The primary publication must be an original research project for which the fellowship candidate has primary responsibility and hence be first author. Primary publications include: systematic review articles, clinical case control studies (retrospective or prospective), experimental studies or epidemiological studies with robust statistical power.
- The secondary publication may take the form of an original research project (as long as it is on a different topic to the primary publication), a literature review, a case study or a case series. Case studies/series tend to be descriptive/observational in nature, lack a control population and consequently do not utilise statistical power to draw conclusions regarding risk factors and outcome.

All publications (written or oral) must have been *peer-reviewed*. In this process, experts in the field will evaluate the quality of the scholarly article prior to publication. Given the standard (quality) required of articles is variable across different publishing journals, an approved list of journals has been developed. This list is not exhaustive. Additional journals may be approved on a case-by-case basis following consultation with the SSC. In these cases the peer-review, quality-control process may be applied by members of the chapter standards committee.

Candidates should ensure that the publication meets the requirements for credentialing, and they are encouraged to seek publication pre-approval from the SSC in advance of credential submission.

From 2024, candidates will be required to publish all articles in the journals listed below, OR other journals approved on a case-by-case basis.

1. *Journal of Veterinary Internal Medicine*
2. *Australian Veterinary Journal*
3. *Journal of Feline Medicine and Surgery*
4. *Journal of Small Animal Practice*
5. *Journal of the American Veterinary Medical Association*
6. *New Zealand Veterinary Journal*
7. *Veterinary and Comparative Oncology*
8. *Veterinary Clinics of North America: Small Animal Practice*
9. *American Journal of Veterinary Research*
10. *Journal of the American Animal Hospital Association*
11. *Journal of Veterinary Cardiology*
12. *Australian Veterinary Practitioner*
13. *Journal of Feline Medicine and Surgery Open Reports*
14. *Veterinary Record*

NOTE: *If a Candidate would like to publish in a journal that does not appear on this list, they should seek pre-approval from the SSC to ensure that their article will meet the publication requirements.*

Examples of acceptable peer-reviewed forums for oral presentations include: ANZCVS Science Week, ACVIM congress, ECVIM congress or the WSAVA conference. Candidates planning to present their research at venues other than these listed events should contact the SSC for pre-approval to ensure that the presentation will meet the presentation requirements. Presentations at resident forums/workshops will not satisfy the requirements of the fellowship training program.

## RECOMMENDED READING LIST

The Candidate is expected to research the depth and breadth of the knowledge of the discipline using a range of source material. The following list is intended to guide the Candidate to some core references and reading material; the list is not comprehensive and is not intended as an indicator of the content of the examination. Candidates should consult with their supervisor to formulate an appropriate reading program, which must include key consensus statements, landmark papers and reviews, the most recent editions of the core textbooks and the last five years of relevant literature in the core journals.

## JOURNALS<sup>4</sup>

### Core Journals

1. *Journal of Veterinary Internal Medicine*
2. *Australian Veterinary Journal*
3. *Journal of Feline Medicine and Surgery*
4. *Journal of Small Animal Practice*
5. *Journal of the American Veterinary Medical Association*
6. *New Zealand Veterinary Journal*

### Additional Journals

1. *Veterinary and Comparative Oncology*
2. *Veterinary Clinics of North America: Small Animal Practice*
3. *American Journal of Veterinary Research*
4. *Journal of the American Animal Hospital Association*
5. *Journal of Veterinary Cardiology*
6. *Australian Veterinary Practitioner*
7. *Journal of Feline Medicine and Surgery Open Reports*

## TEXTBOOKS<sup>5</sup>

### Core textbooks

- *Textbook of Veterinary Internal Medicine Vols I & II*. Ettinger SJ & Feldman EC, editors. 8<sup>th</sup> edn. Elsevier, 2017 (or subsequent edition)

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<sup>4</sup> Journal Definitions:

**Core Journal** – candidates are expected to have ready access to either print or electronic versions of the journal and have a detailed knowledge of the published articles in the subject area.

**Recommended Journal** – candidates should have ready access to either print or electronic versions of the journal and have a sound knowledge of the published articles in the subject area.

**Additional Journal** – candidates should be able to access either printed or electronic versions of the journal and have a basic knowledge of the published articles in the subject area.

<sup>5</sup> Textbook Definitions:

**Core textbook** – candidates are expected to own a copy of the textbook and have a detailed knowledge of the contents.

**Recommended textbook** – candidates should own or have ready access to a copy of the book and have a sound knowledge of the contents.

**Additional references** – candidates should have access to the book and have a basic knowledge of the contents

**Additional Reading Materials** - These are conference proceedings, other non-refereed publications and other journals that would offer some information in the subject area including differing points of view, but are not required reading.

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Last updated: November 2021

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- *Kirk's Current Veterinary Therapy XV: Small Animal Practice*. Bonagura JD & Twedt DC, editors. Elsevier, 2014 (or any subsequent editions).
- *Consultations in Feline Medicine*. August JR, editor. 7<sup>th</sup> edn. Saunders, 2016 (or any subsequent editions)
- *Cunningham's Textbook of Veterinary Physiology*. Klein BG (Editor), 5<sup>th</sup> Edition, Elsevier/Saunders, St Louis, 2012 (or equivalent physiology textbook, such as Guyton or Sherwood).

## Additional References

### General

- *Fluid, Electrolyte and Acid-Base Disorders in Small Animal Practice*. DiBartola SP, editor. 4<sup>th</sup> edn. Saunders, 2012.
- *Small Animal Internal Medicine*. Nelson RW & Couto CG, editors. 6<sup>th</sup> edn. Elsevier, 2019.

### Cardiology

- *Cardiovascular Disease in Small Animal Medicine*. Ware WA. 2<sup>nd</sup> edn. CRC Press, 2021.
- *Small Animal Cardiovascular Medicine*. Kittleson MD & Kienle RD. 1<sup>st</sup> edn. Mosby, 1998.
  - online edition via Veterinary Information Network includes updates:  
<http://www.vin.com/Members/proceedings/Proceedings.plx?CID=SACARDIO&O=VIN>
- *Textbook of Canine and Feline Cardiology*. Fox P, Sisson DD, Moise NS, editors. 2<sup>nd</sup> edn. WB Saunders Co, 1999.
- *Manual of canine and feline Cardiology*. Tilley LP, Smith FWK, et al, editors 5<sup>th</sup> edn. WB Elsevier, 2015.
- *BSAVA Manual of Canine and Feline Cardiorespiratory Medicine*. Luis Fuentes V, Johnson L, Dennis S, editors. 2nd edition, BSAVA Publications, 2010.

### Clinical Pathology

- *Duncan & Prasse's Veterinary Laboratory Medicine: Clinical pathology*. Latimer KS. 5<sup>th</sup> edn. Wiley-Blackwell, 2011.
- *Fundamentals of Veterinary Clinical Pathology*. Stockham SL & Scott MA. 2<sup>nd</sup> edn. Wiley-Blackwell Publishing, 2008.

### Diagnostic Imaging

- *Small Animal Diagnostic Ultrasound*. Mattoon JS, Sellon R & Berry, C. 4th edn. Saunders, 2020.
- *Textbook of Veterinary Diagnostic Radiology*. Thrall DE. 7<sup>th</sup> edn. Saunders, 2017.
- *Veterinary Echocardiography*. Boon, JA. 2<sup>nd</sup> edn. Wiley-Blackwell, 2011.

### Endocrinology

- *Canine and Feline Endocrinology*. Feldman EC, Nelson RW, Reusch C and Scott-Moncrieff JC, editors. 4<sup>th</sup> edn. Saunders, 2015.
- *Clinical endocrinology of dogs and cats*. Rjinberk A & Kooistra HS, editors 2<sup>nd</sup> edn Manson, 2010.
- *BSAVA Manual of Canine and Feline Endocrinology*. Mooney C, Peterson M, editors. 4th edition, BSAVA Publications, 2012.
- *Feline Endocrinology*. Feldman EC, Fracassi F, Peterson ME. Edra Publishing, 2019.

### Haematology

- *Schalm's Veterinary Hematology*. Brooks MB, Harr KR, Seelig EM, Weiss DJ, Wardrop KJ, editors. 7<sup>th</sup> edn. Wiley-Blackwell, 2022.
- *BSAVA Manual of Canine and Feline Haematology and Transfusion Medicine*. Day M, Kohn B, editors. 2nd edition, BSAVA Publications, 2012.

### Immunology

- *Clinical Immunology of the Dog and Cat*. MJ Day, editor. 2<sup>nd</sup> edn. Manson Publishing, Ltd, 2011.
- *Veterinary Immunology: An Introduction*. Ian R Tizard. 10<sup>th</sup> Edn. Saunders, 2017.

### Infectious

- *Infectious Diseases of the Dog and Cat*. Sykes, JE, editor. 5<sup>th</sup> edn. Saunders, 2023.
- *Canine and Feline Infectious Diseases*. Jane E Sykes. Saunder, 2014.

### Neurology

- *Braund's Clinical Neurology in Small Animals - Localisation, Diagnosis and Treatment*. Vite CH, editor. <http://www.ivis.org/advances/Vite/toc.asp>
- *BSAVA Manual of Canine and Feline Neurology*. Platt SR, Olby NJ, editors. 4<sup>th</sup> Edition, BSAVA Publications, 2013.
- *Fundamentals of Veterinary Clinical Neurology*. Bagley RS. Wiley-Blackwell, 2005.
- *Handbook of Veterinary Neurology*. Lorenz MD, Coates J, Kent M. 5<sup>th</sup> edn. Saunders, 2011.
- *Veterinary Neuroanatomy and Clinical Neurology*. De Lahunta A, Glass EN, Kent M. 5<sup>th</sup> edn. Saunders, 2020.

### Nutrition

- *Small Animal Clinical Nutrition*. Hand MS, Thatcher CD, Remillard RL, Roudebush P, Novotny BJ, editors. 5<sup>th</sup> edn. Mark Morris Institute, 2010.

### Oncology

- *Withrow and MacEwen's Small Animal Clinical Oncology*. Vail DM, Thamm DH, Liptak JM, editors. 6<sup>th</sup> edn. Saunders, 2020.
- *BSAVA Manual of Canine and Feline Oncology*. Dobson JM & Lascelles BD, editors. 3<sup>rd</sup> edn. BSAVA Publications, 2011.

### Pharmacology

- *Plumb's Veterinary Drug Handbook*. Budde JA, McCluskey. 10<sup>th</sup> edn. Wiley-Blackwell, 2023.
- *Small Animal Clinical Pharmacology*. Maddison JE, Page S, Church DB, editors. 2<sup>nd</sup> edn. Saunders 2008.

### Respiratory

- *Textbook of Respiratory Disease in Dogs and Cats*. King LG, editor. 1<sup>st</sup> edn. Saunders, 2004.

### Gastroenterology

- *Canine and Feline Gastroenterology*. Washabau RJ, Day MJ, editors. 1<sup>st</sup> edn. Elsevier, 2013.
- *Veterinary endoscopy for the small animal practitioner*. McCarthy T, editor. 2<sup>nd</sup> Edition. Wiley, 2021.

### **Urinary**

- *BSAVA Manual of Canine and Feline Nephrology and Urology*. Elliot J, Grauer G, Westropp J, editors. 3rd edition, BSAVA Publications, 2017

### **FURTHER INFORMATION**

For further information contact the College Office

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2023

**Appendix 1**

**NAME:**

**SUBJECT:**

**DATE:**

**Number of Cases/Activities**

CATEGORY	JAN	FEB	MAR	APRIL	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC	Current TOTAL	Previous TOTAL	Cumulative TOTAL
CANINE															
FELINE															

**NAME:**

**SUBJECT:**

**DATE:**

**Species:**

**Number of Cases :**

CATEGORY	JAN	FEB	MAR	APRIL	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC	Current TOTAL	Previous TOTAL	Cumulative TOTAL
MISCELLANEOUS															
MUSCULO SKELETAL															
NEUROLOGIC															
CARDIOVASCULAR															
HAEMATOPOIETIC															
ENDOCRINE															
RESPIRATORY															
GENITO-URINARY															
ALIMENTARY															
INFECTIOUS															
Current TOTAL															
Previous TOTAL															
Cumulative TOTAL															