**Internship - State Veterinary Administration**

**Internship Diary**

Name, Surname

Student’s V - number

Master study programme Veterinary Medicine, 6th year

Academic Year 2024/2025

**Place of the internship:** Name and address

**Period of the internship:** Date of start and end (1 week, 40 hours)

## CONFIRMATION OF COMPLETION OF THE INTERNSHIP BY THE PROVIDER

**The provider (branch, department)**

**…………………………………………………………………………………………**

**Person in charge (signature, stamp):**

**..........................................................................................**

**Date: ………………………….……………**

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| **No.** | **Description of activity** | **Completed\*****YES/NO** |
| 1 | Familiarization with the information system of the State Veterinary Administration – client, data warehouse, the system of planning and registration of inspections, economy card. Animal stocks and numbers of holdings in the relevant region and district, sources of information. |  |
| 2 | Practical implementation of inspections within the framework of epidemiological surveillance – focusing on the checklist, protocol of inspection findings, measures to identify deficiencies (administrative procedure).Participation in the control of private veterinarians and control of the use of medicinal products. |  |
| 3 | Familiarization with the Methodology of health control and ordered vaccination for the given year and its implementation. |  |
| 4 | Familiarization with emergency veterinary measures (EVM)- EVM declaration method, preliminary EVM, outbreak control, EVM cancellation Familiarization with the management of animals in the outbreak - culling, slaughter, emergency vaccination; the system of compensation to breeders in connection with emergency veterinary measures. |  |
| 5 |  Familiarization with contingency plans, their meaning, processing (who processes them), their content, and updates. |  |
| 6 | Familiarization with the method of ensuring laboratory diagnostics in the control of animal health – sampling by the breeder, sampling by official vet, laboratories, communication and recording of results, orders of laboratory examination and laboratory examination protocols. |  |
| 7 | Familiarization with current national control eradication programmes: • Salmonella control programs - methodology, course of program, and results for the last 12 months district/county.• Surveillance of avian influenza and early detection system AI - surveillance system by domestic and wild birds. • TSE monitoring and eradication system.• Surveillance and measures against African Swine Fever in wild boars and domestic pigs |  |
| 8 | Familiarization with the method of animal transportation within the EU – TRACES, certification of consignments, assembly centres, approval, and types of animal trasporters, travel plan, restrictions on the transport of animals for infectious reasons (who and how determines). Additional guarantees granted to the Czech Republic. Non-commercial transport of animals, mainly dogs, cats, and ferrets.Familiarization with the method of animal transportation to third countries-points of entry, determination of conditions, certification. Sources of information.Veterinary certification and food chain information – who, when, and why issues them. |  |

*\* in case of non-fulfillment of the activity, stating a reason is needed*

**Justification for non-performance:**

**RECORD OF DAILY ACTIVITIES**

**(to be completed by the student)**

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| **Date** | **From - till** | **Description of activity** | **Number of hours** |
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**EVALUATION OF THE STUDENT BY THE INTERNSHIP PROVIDER**

**(to be completed by the provider)**

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| **Attendance at practice:** (A) complete(B) incomplete, the number of hours of absence \_\_\_. **Approach to the performance of tasks**  1 2 3 4**Communication and performance**  1 2 3 4 **Expert knowledge and**  1 2 3 4 **skills**  *Circle of the options: 1 - excellent; 2 - very good; 3 - good; 4 - unsatisfactory* |

**Responsible person (signature, stamp):**

**..........................................................................................**

**EVALUATION OF THE INTERNSHIP BY THE STUDENT**

**(to be completed by the student)**

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| **The organizational structure of the internship** 1 2 3 4**Rate of achievement of objectives of the practice** 1 2 3 4**Evaluation of provider’s approach** 1 2 3 4**(mentora) praxe:** *Circle of the options: 1 - excellent; 2 - very good; 3 - good; 4 - unsatisfactory* |

**Other ideas and observations:**

**CONFIRMATION OF THE STUDENT'S COMPLETION OF THE PRACTICE, TRUTHFULNESS AND COMPLETENESS OF THE INFORMATION CONTAINED IN THE PRACTICE DIARY AND CONFORMITY OF THE ELECTRONIC AND PRINTED VERSION OF THE INTERNSHIP DIARY**

**Date**:..........................................  **Signature:**..............................................

**EVALUATION OF THE INTERNSHIP DIARY BY THE SUBJECT GUARANTOR**

**Internship Diary "Veterinary Administration"**

[ ]  **SATISFACTORY /** [ ]  **SATISFACTORY WITH MINOR COMMENTS /** [ ]  **NON-SATISFACTORY**

***Notes:***

Date.......................................... Signature................................................