

## Veterinary Medicine Loan Repayment Program Post-award Termination Survey

The purpose of this survey is to assess progress toward the intended long-term outcomes of the Veterinary Medicine Loan Repayment (VMLRP) program. Your responses will help us evaluate retention of VMLRP participants in shortage areas and enable us to provide information to Congress and stakeholders about the long-term impacts of VMLRP service awards. Any reporting of information provided in this survey will be in aggregate, so your individual responses will be **anonymous**. This survey contains 15 questions and should take approximately 15 minutes to complete. Participation in this survey is voluntary and you may opt to skip any question you prefer not to answer.

The VMLRP Staff thanks you for your time and feedback.

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1. What state was your shortage area in? \_\_\_\_\_
2. If known, please provide the shortage situation ID you served \_\_\_\_\_
3. What was the year of your first award? \_\_\_\_\_
4. Did you receive a renewal award?  
Yes – number of years \_\_\_\_\_  
No
5. What was the type of shortage area you filled?
6. Which species were you required to provide services for?  
Beef  
Dairy  
Goat  
Pig  
Chicken  
Other(list) \_\_\_\_\_  
Does not apply because a Type III shortage area was filled
7. Are you still providing veterinary medical services at the same percentage of time in the same location and for the same species you were required to serve during your service obligation?

### NO TO QUESTION 7:

8. If NO to question 7, what changed? (Select all that apply)  
Percentage of time  
Species served  
Location of practice (i.e., you left the area or changed the area in which you provide services)

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9. If NO to question 7, what is the primary reason services changed?

Other, please specify \_\_\_\_\_

10. If NO to question 7, do you still provide services to food animal species or, if a Type III awardee, are you still working in the public sector?

### YES TO QUESTION 7:

11. If YES to question 7, what was the primary reason you continued serving the shortage situation?

Other, please specify \_\_\_\_\_

12. If YES to question 7, did you buy into or purchase the practice where you currently work?

13. If YES to question 7, have you increased services in the area since completing your service contract with VMLRP? (Select all that apply)

Yes, have increased the percent of time dedicated to the shortage situation

Yes, have expanded the service area

Yes, have offered additional types of medical services I was not offering before

No, service has remained relatively stable

Other; please explain \_\_\_\_\_

14. Is there a need for more veterinarians in this area or the public practice location if type III?

No, access to veterinary care/services is stable

Yes, we have more clients and/or service calls than we can adequately serve

Yes, we anticipate losing a vet to retirement in the next 5 years

Yes, for specific services (pleases list) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

15. Please provide any additional comments