

Post-Award Survey-1 Year

National Institute of Food and Agriculture

USDA

Survey of Animal Health Officials Completing VMLRP Veterinarian Shortage Nomination Form

OMB No. 0524-0050

Form Approved For Use through 01/31/2026

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 confidential. 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.

Public reporting for collection of information is estimated to average 15 minutes, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless it displays a current valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to NIFA, OGFM, 2312 East Bannister Road, Mail Stop 10,000, Kansas City, MO 64131, Attention Policy Section. Do not return the completed form to this address.

1. What state was your shortage area in? *



2. If known, please provide the shortage situation ID[1] you served.

[1] The shortage nomination can be found in your award package.

3. What was the beginning date of your first award?

4. Did you receive a renewal award?

☐ Yes

☐ No

5. If yes, number of years in the program?

6. What was the type of shortage area you filled?

- ☐ Type I - At least 80% FTE Private Practice Food Supply Veterinary Medicine
- ☐ Type II - At least 30% FTE Private Practice Food Supply Veterinary Medicine in a Rural Area
- ☐ Type III - At least 49% FTE Public Practice

7. Which species were you required to provide services for, i.e., what were the "must serve" or "may serve" species?

- ☐ Beef
- ☐ Dairy
- ☐ Small Ruminants
- ☐ Swine
- ☐ Poultry
- ☐ Does not apply because a Type III shortage area was filled
- ☐ Other

8. Are you still providing veterinary medical services at the same percentage of time (or greater) in the same location and for the same species you were required to serve during your service obligation?

- ☐ Yes
- ☐ No

9. Why did you stop providing food animal veterinary medical services for the shortage area you were awarded? (Select up to 5)

- ☐ Animal industry has changed
- ☐ Better job offer/offers outside the shortage area
- ☐ Change in practice ownership or management
- ☐ Didn't like the community and/or lifestyle
- ☐ Family considerations including spouse employment opportunities
- ☐ Financial considerations such as salary or benefits
- ☐ Inability to keep practice financially stable
- ☐ Insufficient peer-to-peer relationships
- ☐ Lack of resources
- ☐ Lack of mentorship
- ☐ Location no longer aligned with my personal goals
- ☐ Long work hours/no "work-life" balance/Burnout
- ☐ Opportunities for advancement or practice ownership/partnership
- ☐ Personal health considerations
- ☐ Problems with employer
- ☐ Other

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

11. 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?

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

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

☐ Yes

☐ No

14. If YES to question 7, have you increased services in the area since completing your service contract with VMLRP?

☐ Yes

☐ No

15. If YES, please provide a brief description of how your services have increased or expanded since the completion of your VMLRP service contract.

16. Are you a private practice Type I/II

☐ Yes

☐ No

17. Thinking of your practice area and including yourself, is there a need for more or fewer veterinarians in this area?

☐ Need more

☐ Need is stable

☐ Need fewer

18. Describe need for any specific services.

19. What changes, if any, have you experienced? For example, industry structure, number of farms, etc.?

20. Thinking about the public practice position (Type III) that you held, have you seen a need for more or fewer veterinarians in this area?

- ☐ Need more
- ☐ Need is stable
- ☐ Need fewer

21. Describe need for any specific services.

22. Please provide any additional comments.

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