



FASTvet™ Ultrasound Training

Fast Saves Lives™!

Registration Form

Instructor: Greg Lisciandro, DVM, Dipl. American College of Emergency and Critical Care

Dates: Friday, October 10th, 2014

Time: Lecture: 8:30 am-12:30 pm; Hands-on Lab: 1:30 pm-4:30 pm

Friday, November 7th, 2014

Friday, December 12th, 2014

Site: San Antonio Humane Society—Mike Curb Education Center
4804 Fredericksburg Road,
San Antonio, Texas 78229
Phone: 210.226.7461

Attendees: Open to veterinarians.

Curriculum: Morning Lectures (TSBVME approved 4-hour CE): Case-based **Abdominal FAST (AFAST)** and its applied Abdominal Fluid Scoring System; Case-based **Thoracic FAST (TFAST)**; and **Vet BLUE**. Patient monitoring, fluid resuscitation, its use in CPR, and implementing daily FAST use in your practice including goal-directed templates. **Afternoon Hands-on Lab** (TSBVME approved 3-hour CE): Live dogs and cats for scanning using all 3 techniques. You should be able to perform all 3 techniques with confidence following the lecture-lab format. CE Credit: TSBVME approved CE (see Curriculum) with CE Certificates provided in compliance with the Texas State Board of Veterinary Medical Examiners (TSBVME).

Tuition: Morning Lecture only: \$325 (space limited)

Afternoon Lab and Morning Lecture (required in combination): \$595

***\$100 Intern/Resident discount**

***Vet Girl members 10% discount**

To Reserve your spot: Contact Stephanie Lisciandro, DVM, Dipl. ACVIM, Event Coordinator

Phone: 210.260.5243 or Email: FOCUSEDvet@FASTvet.com

*Fill out the information below, make check payable to Hill Country Veterinary Specialists

Mail to: Hill Country Veterinary Specialists

2123 Encino Loop, San Antonio, Texas 78259

For further information about the curriculum: contact Greg Lisciandro, DVM, Dipl. ACVECC at
FASTSavesLives@FASTvet.com

I, the undersigned below, understand that tuition is non-refundable, unless the event is cancelled; however, my payment may be applied to future courses hosted by FASTvet™ and Hill Country Veterinary Specialists.

Name _____ Phone _____ Email _____

Address _____ City/State/Zip _____

Hospital Name _____ Hospital Phone _____

Morning Lecture ONLY Morning Lecture and Lab Date of Training _____

How did you hear about our course?: _____

Signature _____ Date _____ DVM (circle)