1959

Construction and Operation of a Large Animal Clinic

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Recommended Citation
Available at: https://lib.dr.iastate.edu/iowastate_veterinarian/vol21/iss2/7

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A LARGE ANIMAL PRACTITIONER should consider having adequate facilities to treat large animals at his place of business. Such accommodations allow the practitioner to cut down his automobile expenses, reduces time spent on the road and away from his hospital, saves the client money for professional services, and assures better conditions for treatment of large animals. Factors which should be considered before building a large animal clinic are the nature of one's own practice, the type of livestock to be treated, the climate of the area, the space available, the zoning restrictions and potential return on one's investment. It should be planned to meet the individual needs.

There have been a few articles in veterinary publications about the operation of large animal clinics. One seldom finds detailed drawings or specifications so I have included these, along with an indication of those things which have proved to be satisfactory and those which I would change if I were to build again.

My hospital is a combined large and small animal clinic. It is located in the central coast area of California, midway between Los Angeles and San Francisco. Atascadero is in an agricultural area and has about 7,000 people. San Luis Obispo county is larger in area than the states of Rhode Island and Delaware combined. Its population is approximately 74,000. This is predominately a beef producing county which constitutes the major portion of my large animal practice. My corrals will handle up to one truckload of cattle. Its use is on an in and out basis as I rarely keep animals over night.

We have an average annual rainfall of about twenty inches which occurs between November and April. None of my large animal facilities is under cover. I have a loading ramp, three pens, a chute, and a Teco squeeze. The three pens cover about 1100 square feet and are paved with four inches of reinforced concrete. It required 16½ cubic yards to pave the area. In each pen there is a 4 inch drain.

Dr. Pulling received his D.V.M. from Cornell University in 1942.
and a 4 inch line leading to a 1400 gallon septic tank which also serves the small animal hospital. The fences are constructed of 4x4 redwood posts and 2x6 Douglas fir rails. They are 5½ feet high with 5 rails evenly spaced. One may want to use heavier material such as used railroad ties and 2x8 lumber. The gates are made of 2x6's and are bolted together.

Unloading ramp into corral.

The unloading ramp is 13 feet long and 3 feet wide. It is made of 2x10 planks bolted together. This ramp is hinged at the ground end so that it can be raised or lowered for various truck or pickup heights, the common truck height being 42 inches from the ground. The ramp is equipped with two cables and a windless to raise and lower it. This is not very satisfactory. A used hydraulic garage lift or similar apparatus would be better and worth the extra expense.

Figure I is a detailed cross-section of the chute leading to the squeeze. The inside clearance of 14 inches at the bottom and 34 inches at the top may look too narrow but it is just right. It will handle calves through large bulls without their being able to turn around. The post arrangement shown in Figure I is 4 feet on center. The length of the chute could well be varied to suit individual installations.

The squeeze is a Teco and is made in California. It is the most rugged squeeze I have seen and is simple in operation. It is fastened to the concrete slab by 4 ½-inch foundation bolts. The squeeze is the most costly item of my large animal clinic, but well worth the price.

The location of the hose connections for cleaning the pens after use should be noted in Figure II. I made a mistake in using ½ inch pipe instead of 1 inch pipe. The ½ inch does not give a sufficient volume of water to do a quick and thorough job of cleaning. One inch or larger pipe should be used. Another feature we have found useful is a waterproof electrical outlet at the side of the squeeze; also the location of two all-weather floor lights (not shown) on the hospital building.
which light the whole corral area for night use.

One has to educate his clientele on the advantages of bringing their animals to a large animal hospital. Once they have used it, they are usually sold on the service. Several of my clients, who have no chute or squeeze, also bring in their cattle when they wish to brand them because of the ease with which cattle can be handled. Since they do the work themselves and clean up afterwards, I offer the facilities as an accommodation and make no charge. Some of the surgical procedures for which I have used my clinic are eye enucleations, umbilical hernia reductions, obstetrics, embryotomies, spaying heifers, plus routine blood testing, vaccinating, dehorning, and removing retained placentas. After three years of operation, I am convinced that my investment of about $2,000 was a wise one.

DISTRIBUTION OF AQUEOUS PENICILLIN AND PENICILLIN IN OIL IN NORMAL GOAT UDDERS FOLLOWING INTRAMAMMARY INJECTION — AN AUTORADIOGRAPHIC STUDY. Radioactive penicillin, labeled with isotope $^{35}$S and prepared both as an aqueous solution and as a suspension in oil, has been introduced through the teat canal into normal goat udders. The distribution of the penicillin, one and eight hours after injection, has been studied by autoradiographic methods. A fairly uniform distribution was obtained with both aqueous penicillin and penicillin in oil.

Penicillin in oil was concentrated more in the dorsal portions of the udder and was found in the milk ducts rather than in the parenchyma to a somewhat greater degree than was the case for penicillin in aqueous solution.