COMMUNITY CASE REPORT

Red text is for informational purposes only and should be removed before submission. Text highlighted in turquoise should be replaced with your text. Text that is not highlighted should not be altered. Note that what the manuscript looks like is flexible at the review stage, and so efforts should be focused on the content rather than layout.

While there is currently no reporting guidelines checklist for community case studies, you may find [“Community Case Study Article Type: Criteria for Submission and Peer Review”](https://www.frontiersin.org/articles/10.3389/fpubh.2016.00056/full) helpful in preparing your community case study.

To support our double-blind peer review process, be sure to remove identifying information from all documents, both metadata and text. Substitute "masked for review" for identifying text (such as the institution granting institutional approval) during the review process. [Learn how to remove identifying metadata from Microsoft Word](https://support.microsoft.com/en-us/topic/remove-hidden-data-and-personal-information-by-inspecting-documents-presentations-or-workbooks-356b7b5d-77af-44fe-a07f-9aa4d085966f).

**Please see the A**[**uthor Guidelines,**](https://jsmcah.org/index.php/jasv/instructions) **which provide more information about the content and the S**[**tyle Guide**](https://jsmcah.org/index.php/jasv/styleguide)**, which provides more information about the formatting (abbreviations, etc). JSMCAH follows the AMA manual style, which has been used to inform the sections below.**

Sources:

1) AMA Manual of Style 11th edition

2) Writing for Publication in Veterinary Medicine. A Practical Guide for Researchers and Clinicians. Christopher & Young 2011 https://media.wiley.com/assets/7415/85/VETWritingforPubPDF.pdf

**Title: A Community Case Report**

Titles should contain the community intervention of primary focus.

**Abstract**

Many readers will only read the abstract, so it should be a precise summary. Although the abstract appears first in the manuscript, it is often helpful to write it last, particularly as information in the abstract can become out of sync with the main body of the paper as it is revised. Word limit is 200 words. The abstract is unstructured.

Keywords: keyword, keyword

Provide 5-10 keywords. Avoid using the same words as in the title. Medical keywords should be drawn from the Medical Subject Headings (MeSH), as appropriate. You can automatically identify MeSH keywords by pasting your abstract at [MeSH on Demand](https://meshb.nlm.nih.gov/MeSHonDemand).

# **Introduction**

Briefly (about 150 to 200 words, 2-3 paragraphs) provide information on the problem the community intervention was designed to address and what gaps are present regarding what is known or currently done. Should contain peer-reviewed literature. Grey literature, used when peer-reviewed literature is not available, should be cited as a footnote rather than a reference in the References section. See the [style guide](https://jsmcah.org/index.php/jasv/styleguide) for more information on citing formal and informal references.

# **Background**

What were the specific details of the community, including relevant history, that led to the intervention?

# **Methods**

Describe the intervention in enough detail that it could be implemented elsewhere.

# **Results**

What was the result of the community intervention? Be sure to provide information on secular trends (trends that were occurring in the community) and how the intervention affected the community beyond the continuation of a secular trend. For example, if a community intervention was meant to increase adoptions, information should be provided about the rate of adoptions over time before the information and how it compares to the rate of adoptions after the intervention. Generally at least 7 data points are required to declare a trend.

# **Discussion**

Provide strengths and limitations of the community intervention. What was learned? Discuss intervention in the context of the existing peer-reviewed literature. Provide recommendations for delivering or improving the intervention.

# **Conclusion**

Provide implications for clinical practice and primary “take away” lesson(s) from the case report.

# **References**

JSMCAH uses the American Medical Association (AMA) Reference Style for citations and references. We strongly suggest using reference management software such as [Mendeley](https://www.mendeley.com/?interaction_required=true), [Zotero](https://www.zotero.org/), EndNote, etc, to format references in AMA style. Grey literature should be referenced using a footnote rather than included as a reference. See the S[tyle Guide](https://jsmcah.org/index.php/jasv/styleguide) for more details.

# **Author contributions**

The JSMCAH requires authors to use the [CRediT Contributor Roles Taxonomy](https://credit.niso.org/) to categorize author and non-author contributions. Author identity should be masked during the review process.

**Acknowledgments**

All contributors who do not meet the [criteria for authorship](https://www.icmje.org/recommendations/browse/roles-and-responsibilities/defining-the-role-of-authors-and-contributors.html) should be listed in an acknowledgments section of the title page, i.e. not listed in the main manuscript. Examples of those who might be acknowledged include a person who provided purely technical help, writing assistance, or a department chairperson who provided only general support. Financial and material support should also be acknowledged. We strongly encourage acknowledgment of people and organizations who generated data used in the manuscript, as without the hard work on the front lines, there would be no data for authors to analyze and write about.

**Conflict of interest and funding**

Authors are responsible for disclosing financial support from the industry or other conflicts of interest that might bias study design, conduct, or the interpretation of results. All submitted manuscripts must include a 'Conflict of interests and funding' section listing all competing interests (financial and non-financial). If no competing interests exist, please state in this section, "The authors declare no potential conflicts of interest".

**Author notes**

# The author notes section should be included when material contained in this manuscript has been covered in a public forum, such as a poster, abstract, [preprint](https://jsmcah.org/index.php/jasv/editorial_policies#preprints), or thesis.

**Figures and tables**

Try to ensure that the most important results are encapsulated in figures and/or tables, because, after the abstract, readers are most likely to view the figures and tables. In addition to uploading the tables and figures to JSMCAH, for ease of review they should be included at the end of the manuscript along with their legends. Legends should be self-contained and not require reference to the text. Small amounts of data with a few simple comparisons should usually be presented in words, whereas large amounts of data with several comparisons should usually be presented in tables, graphs, or illustrations. For quantitative information, a table should be used when the display of exact values is important, whereas a figure should be used to show patterns or trends.

**Supplementary material**

In addition to uploading supplementary material to JSMCAH, it should be included at the end of the manuscript for ease of review.