

| | |
|--|--|
| U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE ANIMAL CARE (Program of Veterinary Care for Research Facilities or Exhibitors/Dealers) | FORM APPROVED OMB NO. 0579-0036 <hr/> OFFICE USE ONLY DATE RECEIVED |
|--|--|

SECTION I. A PROGRAM OF VETERINARY CARE (PVC) HAS BEEN ESTABLISHED BETWEEN:

| A. LICENSEE/REGISTRANT | | B. VETERINARIAN |
|-------------------------------------|--------------------------|-----------------------------|
| 1. NAME | | 1. NAME |
| 2. BUSINESS NAME | | 2. CLINIC |
| 3. USDA LICENSE/REGISTRATION NUMBER | | 3. STATE LICENSE NUMBER |
| 4. MAILING ADDRESS | | 4. BUSINESS ADDRESS |
| 5. CITY, STATE AND ZIP CODE | | 5. CITY, STATE AND ZIP CODE |
| 6. TELEPHONE NO. (Home) | TELEPHONE NO. (Business) | 6. TELEPHONE NO. (Business) |

This is a form that may be used for the Program of Veterinary Care. Also, this form may be used as a guideline for the written Program of Veterinary Care as required.

The attending veterinarian shall establish, maintain and supervise programs of disease control and prevention, pest and parasite control, pre-procedural and post-procedural care, nutrition, euthanasia and adequate veterinary care for all animals on the premises of the licensee/registrant. A written program of adequate veterinary care between the licensee/registrant and the doctor of veterinary medicine shall be established and reviewed on an annual basis. By law, such programs must include regularly scheduled visits to the premises by the veterinarian. Scheduled visits are required to monitor animal health and husbandry.

Pages or blocks which do not apply to the facility should be marked N/A. If space provided is not adequate for a specific topic, additional sheets may be added. Please indicate Section and Item Number.

I have read and completed this Program of Veterinary Care, and understand my responsibilities.

Regularly scheduled visits by the veterinarian will occur at the following frequency: _____ (minimum annual).

| | |
|-------------------------------------|------|
| C. SIGNATURE OF LICENSEE/REGISTRANT | DATE |
| D. SIGNATURE OF VETERINARIAN | DATE |

CHECK IF N/A

SECTION II. DOGS AND CATS

A. VACCINATIONS - SPECIFY THE FREQUENCY OF VACCINATION FOR THE FOLLOWING DISEASES

| | CANINE | | | FELINE | |
|-----------------|----------|-------|-----------------|----------|-------|
| | JUVENILE | ADULT | | JUVENILE | ADULT |
| PARVOVIRUS | | | PANLEUK | | |
| DISTEMPER | | | RESP. VIRUSES | | |
| HEPATITIS | | | RABIES | | |
| LEPTOSPIROSIS | | | OTHER (Specify) | | |
| RABIES | | | | | |
| BORDETELLA | | | | | |
| OTHER (Specify) | | | | | |

B. PARASITE CONTROL PROGRAM - DESCRIBE THE FREQUENCY OF SAMPLING OR TREATMENT FOR THE FOLLOWING:

1. ECTOPARASITES (Fleas, Ticks, Mites, Lice, Flies)

2. BLOOD PARASITES (Heartworm, Babesia, Ehrlichia, Other)

3. INTESTINAL PARASITES (Fecals, Deworming)

C. EMERGENCY CARE - DESCRIBE PROVISIONS FOR EMERGENCY, WEEKEND AND HOLIDAY CARE

D. EUTHANASIA

1. SICK, DISEASED, INJURED OR LAME ANIMALS SHALL BE PROVIDED WITH VETERINARY CARE OR EUTHANIZED. EUTHANASIA WILL BE IN ACCORDANCE WITH THE AVMA RECOMMENDATIONS AND WILL BE CARRIED OUT BY THE FOLLOWING:

VETERINARIAN

LICENSEE/REGISTRANT

2. METHOD(S) OF EUTHANASIA

E. ADDITIONAL PROGRAM TOPICS - THE FOLLOWING TOPICS HAVE BEEN DISCUSSED IN THE FORMULATION OF THE PROGRAM OF VETERINARY CARE

Congenital Conditions

Quarantine Conditions

Nutrition

Anthelmintic alternation

Other (Specify) _____

Exercise Plan (Dogs)

Proper Handling of Biologics

Venereal Diseases

Pest Control and Product Safety

Proper Use of Analgesics and Sedatives

CHECK IF N/A

SECTION III. WILD AND EXOTIC ANIMALS

A. VACCINATIONS - LIST THE DISEASES FOR WHICH VACCINATIONS ARE PERFORMED AND THE FREQUENCY OF VACCINATIONS (Enter N/A if not applicable)

CARNIVORES

HOOFED STOCK

PRIMATES

ELEPHANTS

MARINE MAMMALS

OTHER (Specify)

B. PARASITE CONTROL PROGRAM - DESCRIBE THE FREQUENCY OF SAMPLING OR TREATMENT FOR THE FOLLOWING

1. ECTOPARASITES (Fleas, Ticks, Mites, Lice, Flies)

2. BLOOD PARASITES

3. INTESTINAL PARASITES

C. EMERGENCY CARE

1. DESCRIBE PROVISIONS FOR EMERGENCY, WEEKEND AND HOLIDAY CARE

2. DESCRIBE CAPTURE AND RESTRAINT METHOD(S)

D. EUTHANASIA

1. SICK, DISEASED, INJURED OR LAME ANIMALS SHALL BE PROVIDED WITH VETERINARY CARE OR EUTHANIZED. EUTHANASIA WILL BE IN ACCORDANCE WITH THE AVMA RECOMMENDATIONS AND WILL BE CARRIED OUT BY THE FOLLOWING:

VETERINARIAN

LICENSEE/REGISTRANT

2. METHOD(S) OF EUTHANASIA

E. ADDITIONAL PROGRAM TOPICS - THE FOLLOWING TOPICS HAVE BEEN DISCUSSED IN THE FORMULATION OF THE PROGRAM OF VETERINARY CARE

Pest Control and Product Safety

Quarantine Procedures

Zoonoses

Other (Specify) _____

Environment Enhancement (Primates)

Water Quality (Marine Mammals)

Species-specific Behaviors

Proper Storage and Handling of Drugs and Biologics

Proper Use of Analgesics and Sedatives

F. LIST THE SPECIES SUBJECTED TO TB TESTING, AND THE FREQUENCY OF SUCH TESTS

CHECK IF N/A

SECTION IV. OTHER WARMBLOODED ANIMALS

A. INDICATE SPECIES

B. VACCINATIONS - LIST THE DISEASES FOR WHICH VACCINATIONS ARE PERFORMED AND THE FREQUENCY OF VACCINATIONS
(Enter N/A if not applicable)

C. PARASITE CONTROL PROGRAM - DESCRIBE THE FREQUENCY OF SAMPLING OR TREATMENT FOR THE FOLLOWING

1. ECTOPARASITES (Fleas, Ticks, Mites, Lice, Flies)

2. INTERNAL PARASITES (Helminths, Coccidia, Other)

D. EMERGENCY CARE - DESCRIBE PROVISIONS FOR EMERGENCY, WEEKEND AND HOLIDAY CARE

E. EUTHANASIA

1. SICK, DISEASED, INJURED OR LAME ANIMALS SHALL BE PROVIDED WITH VETERINARY CARE OR EUTHANIZED. EUTHANASIA WILL BE IN ACCORDANCE WITH THE AVMA RECOMMENDATIONS AND WILL BE CARRIED OUT BY THE FOLLOWING:

VETERINARIAN

LICENSEE/REGISTRANT

2. METHOD(S) OF EUTHANASIA

F. ADDITIONAL PROGRAM TOPICS - THE FOLLOWING TOPICS HAVE BEEN DISCUSSED IN THE FORMULATION OF THE PROGRAM OF VETERINARY CARE

Pasteurellosis

Pododermatitis

Cannibalism

Wet Tail

Other (Specify)

Species Separation

Malocclusion/Overgrown Incisors

Pest Control and Product Safety

Handling