Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the form. Send comments regarding this burden estimate or any other aspects of this collection of information, including suggestions for reducing the burden, to USDA, OIRM, Clearance Officer, Room 404-W, Washington, DC 20250. When replying refer to the OMB Number and Form Number in your letter.

The Animal Welfare Regulations, Title 9, Subchapter A, Part II, Subpart C. Section 2.33 and Subpart D, Section 2.40 requires a Program of Veterinary Care.

U.S. DEPARTA	MENT OF	AGRICULTURE	
ANIMAL AND PLANT	HEALTH	INSPECTION SERVI	Ċ

ANIMAL CARE

(Program of Veterinary Care for Research Facilities or Exhibitors/Dealers)

FORM APPROVED OMB NO.	0579-0036
OFFICE USE ON	ILY
DATE RECEIVED	

SECTION I. A PROGRAM OF VETERIN	ARY CARE (PVC) HAS BEEN ESTABLISHED BETWEEN:		
A. LICENSEE/REGISTRANT	B. VETERINARIAN		
1. NAME	1. NAME		
2. BUSINESS NAME	2. GLINIC		
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).

DATE	
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DATE	

A. VACCINATIONS - SPECIFY THE PREQUENCY OF VACCINATION FOR THE FOLLOWING: CANINE AUVENUE AUVENUE AUVENUE PARKEUK P	CHECK IF N/A		SECTIO	ON II. DOGS AND CATS		
CANINE JUVENUE ADULT PAREOUNES JUVENUE ADULT PAREOUNES JUVENUE ADULT PAREOUNES	A. VACCINATIONS - SPECIFY THE	FREQUENCY OF VACCIN	ATION FOR THE F	OLLOWING DISEASES		
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DESTEMPER REPAITIS RABBES		JUVENILE	ADULT		JUVENILE	ADULT
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					ust Cofob	
Other (Specify) Proper Use of Analgesics and Sedatives	Anthelmintic alternation			=		
	Other (Specify)			Proper Use of Analges	sics and Sedatives	

CHECK IF N/A	SECTION III. WILD AND EXOTIC ANIMALS
A. VACCINATIONS - LIST THE DISE applicable)	ASES FOR WHICH VACCINATIONS ARE PERFORMED AND THE FREQUENCY OF VACCINATIONS (Enter NIA if not
CARNIVORES	
HOOFED STOCK	
PRIMATES	
ELEPHANTS	
MARINE MAMMALS	
OTHER (Specify)	
B. PARASITE CONTROL PROGRAM	- DESCRIBE THE FREQUENCY OF SAMPLING OR TREATMENT FOR THE FOLLOWING
ECTOPARASITES (Fleas, Ticks, Mi	
2. BLOOD PARASITES	
3. INTESTINAL PARASITES	
C. EMERGENCY CARE	DOTAIN METICAND AND HOUDAY CADE
DESCRIBE PROVISIONS FOR EME	RGENCY, WEEKEND AND HOLIDAY CARE
2. DESCRIBE CAPTURE AND RESTR	AINT METHOD(S)
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2. METHOD(S) OF EUTHANASIA	
E. ADDITIONAL PROGRAM TOPICS VETERINARY CARE	- THE FOLLOWING TOPICS HAVE BEEN DISCUSSED IN THE FORMULATION OF THE PROGRAM OF
Pest Control and Product	Safety Environment Enhancement (Primates)
Quarantine Procedures	Water Quality (Marine Mammals)
Zoonoses	Species-specific Behaviors
Other (Specify)	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
APHIS FORM 7002	Page 3 of 4
APRIO FURM /UUZ	1090 0 0.

	CHECK IF N/A	SECTION IV. OTHER	R W	WARMBLOODED ANIMALS	
A.	INDICATE SPECIES				
				THE STREET STREET STREET STREET	
В.	VACCINATIONS - LIST THE DISEASES FOR WH (Enter N/A if not applicable)	ICH VACCINATIONS ARE PERFO	HME	MED AND THE PREQUENCY OF VACCINATIONS	
	PARASITE CONTROL PROGRAM - DESCRIBE T		OR T	TREATMENT FOR THE FOLLOWING	
1.	ECTOPARASITES (FLeas, Ticks, Mites, Lice, Flies,				
2.	INTERNAL PARASITES (Helminths, Coccidia, Oth	er)			
D.	EMERGENCY CARE - DESCRIBE PROVISIONS	FOR EMERGENCY, WEEKEND A	ND H	HOLIDAY CARE	
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E.	EUTHANASIA	SHALL BE DROVIDED WITH VETE	DINA	NARY CARE OR EUTHANIZED. EUTHANASIA WILL BE IN ACCORDANCE	WITH
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		LICENSEE/REGISTRANT			
	VETERINARIAN	LICENSEE/HEGISTHANT			
2.	METHOD(S) OF EUTHANASIA				
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Г.	VETERINARY CARE	WING TOPICS HAVE BEEN DISC.		SED IN THE FORMOLPHISTORY THE VIOLENCE OF	
			г	Consider Congression	
	Pasteurellosis		H	Species Separation Malocclusion/Overgrown Incisors	
	Pododermatitis Cannibalism		\exists	Pest Control and Product Safety	
	☐ Cannipalism ☐ Wet Tail		H	Handling	
	Other (Specify)				_
					_