According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control numbers for these information collections are 0579-0036, 0579-0093, and 0579-0392. The time required to complete these information collections 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 collection of information.

OMB Approved 0579-0036 0579-0093 0579-0392

he Animal Welfare Regulations, T	itle 9, Subchapter A,	Part II, Subpart C, Section 2.3	33 and Subpart D, Section 2	.40 require a Program of Ve	eterinary Care.

UNITED STATES DEPARTMENT OF AGRICULTURE		OFFICE USE ONLY
ANIMAL AND PLANT HEALTH INSPECTION	SERVICE	DATE RECEIVED:
ANIMAL CARE		
(Program of Veterinary Care for Research Facilities or	Exhibitors/Dealers)	
SECTION I. A PROGRAM OF VETERINARY CAP	RE (PVC) HAS BEEN ESTA	BLISHED BETWEEN:
A. LICENSEE/REGISTRANT	B. VE	ETERINARIAN
NAME:	1. NAME:	
BUSINESS NAME:	2. CLINIC NAME:	
USDA LICENSE/REGISTRATION NUMBER:	3. STATE LICENSE NUMBER:	
MAILING ADDRESS:	4. BUSINESS ADDRESS:	

5. CITY, STATE, AND ZIP CODE:		5. CITY, STATE, AND ZIP CODE:
6. TELEPHONE NUMBER (Home):	TELEPHONE NUMBER (Business):	6. TELEPHONE NUMBER (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 the 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:
APHIS 7002	Page 1 of 4
JUN 2011	

CHECK IF N/A

2.

3.

4.

A. VACCINATIONS – SPECIFY THE FR	EQUENCY OF VACCI	NATION FOR THE F	OLLOWING DISEASES:		
CAN	IINE		FELI	NE	
	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):

CHECK IF N/A

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

D. EUTHANASIA	
1. SICK, DISEASED, INJURED, OR LAME ANIMALS SHALL BE PROVIDED ACCORDANCE WITH THE AVMA RECOMMENDATIONS AND WILL BE CAR	
VETERINARIAN	
2. METHOD(S) OF EUTHANASIA:	
E. ADDITIONAL PROGRAM TOPICS - THE FOLLOWING TOPICS I VETERINARY CARE:	HAVE BEEN DISCUSSED IN THE FORMULATION OF THE PROGRAM OF
Congenital Conditions	Exercise Plan (Dogs)
Quarantine Conditions	Proper Handling of Biologics
Nutrition	Venereal Diseases
Anthelmintic Alternation	Pest Control and Product Safety
Other (Specify)	Proper Use of Analgesics and Sedatives
APHIS 7002	Page 2 of 4
JUN 2011	

SECTION III. WILD AND EXOTIC ANIMALS

A. VA		NS ARE PERFORMED AND THE FREQUENCY OF THE VACCINATIONS (Enter N/A if not
	IVORES:	
HOOF	ED STOCK:	
DDIM	ATE 0.	
PRIM	ATES:	
ELEP	HANTS:	
MARII	NE MAMMALS:	
OTHE	R (Specify):	
	ARASITE CONTROL PROGRAM – DESCRIBE THE FREQUENCY (TOPARASITES (Fleas, Ticks, Mites, Lice, Flies):	OF SAMPLING OR TREATMENT FOR THE FOLLOWING:
2. BL	OOD PARASITES:	
3. IN	TESTINAL PARASITES:	
	MERGENCY CARE	
1. DE	SCRIBE PROVISIONS FOR EMERGENCY, WEEKEND, AND HOLI	IDAY CARE:
2. DE	SCRIBE CAPTURE AND RESTRAINT METHOD(S):	
	UTHANASIA CK, DISEASED, INJURED, OR LAME ANIMALS SHALL BE PROVID	DED WITH VETERINARY CARE OR EUTHANIZED. EUTHANASIA WILL BE IN
AC		
2 MF	THOD(S) OF EUTHANASIA:	
21 112		
	DDITIONAL PROGRAM TOPICS - THE FOLLOWING TOPI ETERINARY CARE:	CS 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. LIS	ST THE SPECIES SUBJECTED TO TB TESTING, AND THE FREQ	UENCY OF SUCH TESTS:

APHIS 7002 JUN 2011		Page 3 of 4
CHECK IF N/A	SECTION IV. OTHER WARMBLOODED ANIMALS	

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:

1. SIC		PROVIDED WITH VETERINARY CARE OR EUTHANIZED, EUTHANASIA WILL BE IN
AC	CORDANCE WITH THE AVMA RECOMMENDATIONS AND	
	VETERINARIAN	LICENSEE/REGISTRANT
2. ME	THOD(S) OF EUTHANASIA:	
		TOPICS HAVE BEEN DISCUSSED IN THE FORMULATION OF THE PROGRAM OF
	TERINARY CARE:	
	Pasteurellosis	Species Separation
	Pododermatitis	Malocclusion/Overgrown Incisors
	Cannibalism	Pest Control and Product Safety
	Wet Tail	Handling
	Other (Specify)	