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0579-0036  
Exp.: 10/31/2018

UNITED STATES DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE  
ANIMAL CARE  
**PROGRAM OF VETERINARY CARE  
FOR RESEARCH FACILITIES OR EXHIBITORS/DEALERS**

FOR OFFICE USE ONLY

DATE RECEIVED:

**INSTRUCTIONS**

**For use of this form, see 9 CFR 2.40 (Animal Welfare Regulations, Title 9, Subchapter A, Part III, Subpart D, Section 2.40)**

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.

This form may be used to meet the requirement for a written Program of Veterinary Care. Use of this form is voluntary and alternatively, it may be used as a guideline for developing and writing the plan for your activity.

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. Ensure the additional sheets include Section and Item Numbers.

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**SECTION I. PROGRAM ESTABLISHMENT**

A. LICENSEE/REGISTRANT		B. VETERINARIAN
1. NAME		1. NAME
2. BUSINESS NAME		2. CLINIC NAME
3. USDA LICENSE/REGISTRATION NUMBER		3. STATE LICENSE NUMBER
4. STREET MAILING ADDRESS		4. BUSINESS ADDRESS
5. CITY, STATE, AND ZIP CODE		5. CITY, STATE, AND ZIP CODE
6. HOME TELEPHONE	7. BUSINESS TELEPHONE	6. BUSINESS TELEPHONE

We have read and completed this Program of Veterinary Care and understand our responsibilities.

Regularly scheduled visits by the veterinarian will occur at the following frequency: \_\_\_\_\_ (minimum is annual)

C. PRINTED NAME AND SIGNATURE OF LICENSEE/REGISTRANT	DATE
D. PRINTED NAME AND SIGNATURE OF VETERINARIAN	DATE

check if not applicable

**SECTION II. DOGS AND CATS**

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**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. LICENSEES AND REGISTRANTS, IN CONSULTATION WITH THEIR ATTENDING VETERINARIANS, CAN USE METHODS OF EUTHANASIA THAT MEET THE DEFINITION OF EUTHANASIA IN THE ANIMAL WELFARE REGULATIONS, WHICH ALLOWS FOR THE USE OF HUMANE METHODS THAT EITHER:

- o PRODUCE RAPID UNCONSCIOUSNESS AND SUBSEQUENT DEATH WITHOUT EVIDENCE OF PAIN OR DISTRESS, OR
- o UTILIZE ANESTHESIA PRODUCED BY AN AGENT THAT CAUSES PAINLESS LOSS OF CONSCIOUSNESS AND SUBSEQUENT DEATH.

APPROPRIATE METHODS MAY INCLUDE, BUT ARE NOT LIMITED TO, THOSE DESCRIBED IN THE "AVMA GUIDELINES FOR EUTHANASIA OF ANIMALS".

EUTHANASIA WILL BE CARRIED OUT BY THE:  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:**

- |   |   |
|---|---|
| <input type="checkbox"/> CONGENITAL CONDITIONS    | <input type="checkbox"/> EXERCISE PLAN (dogs)                   |
| <input type="checkbox"/> QUARANTINE CONDITIONS    | <input type="checkbox"/> PROPER HANDLING OF BIOLOGICS           |
| <input type="checkbox"/> NUTRITION                | <input type="checkbox"/> VENEREAL DISEASES                      |
| <input type="checkbox"/> ANTHELMINTIC ALTERNATION | <input type="checkbox"/> PEST CONTROL AND PRODUCT SAFETY        |
| <input type="checkbox"/> OTHER (specify)          | <input type="checkbox"/> PROPER USE OF ANALGESICS AND SEDATIVES |

check if not applicable

**SECTION III. WILD AND EXOTIC ANIMALS**

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**A. VACCINATIONS – LIST THE DISEASES FOR WHICH VACCINATIONS ARE PERFORMED AND THE FREQUENCY OF THE 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. LICENSEES AND REGISTRANTS, IN CONSULTATION WITH THEIR ATTENDING VETERINARIANS, CAN USE METHODS OF EUTHANASIA THAT MEET THE DEFINITION OF EUTHANASIA IN THE ANIMAL WELFARE REGULATIONS, WHICH ALLOWS FOR THE USE OF HUMANE METHODS THAT EITHER:

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- o UTILIZE ANESTHESIA PRODUCED BY AN AGENT THAT CAUSES PAINLESS LOSS OF CONSCIOUSNESS AND SUBSEQUENT DEATH.

APPROPRIATE METHODS MAY INCLUDE, BUT ARE NOT LIMITED TO, THOSE DESCRIBED IN THE "AVMA GUIDELINES FOR EUTHANASIA OF ANIMALS".

EUTHANASIA WILL BE CARRIED OUT BY THE:  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:**

- |  |   |
|--|---|
| <input type="checkbox"/> PEST CONTROL AND PRODUCT SAFETY | <input type="checkbox"/> ENVIRONMENT ENHANCEMENT (primates)                 |
| <input type="checkbox"/> QUARANTINE PROCEDURES           | <input type="checkbox"/> WATER QUALITY (marine mammals)                     |
| <input type="checkbox"/> ZONOOSES                        | <input type="checkbox"/> SPECIES-SPECIFIC BEHAVIORS                         |
| <input type="checkbox"/> OTHER (specify) .....           | <input type="checkbox"/> PROPER STORAGE AND HANDLING OF DRUGS AND BIOLOGICS |
|  | <input type="checkbox"/> PROPER USE OF ANALGESICS AND SEDATIVES             |

**F. LIST THE SPECIES SUBJECTED TO TUBERCULOSIS TESTING AND THE FREQUENCY OF SUCH TESTS**

check if not applicable

**SECTION IV. OTHER WARMBLOODED ANIMALS**

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**A. INDICATE SPECIES**

**B. VACCINATIONS – LIST THE DISEASES FOR WHICH VACCINATIONS ARE PERFORMED AND THE FREQUENCY** (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. LICENSEES AND REGISTRANTS, IN CONSULTATION WITH THEIR ATTENDING VETERINARIANS, CAN USE METHODS OF EUTHANASIA THAT MEET THE DEFINITION OF EUTHANASIA IN THE ANIMAL WELFARE REGULATIONS, WHICH ALLOWS FOR THE USE OF HUMANE METHODS THAT EITHER:

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APPROPRIATE METHODS MAY INCLUDE, BUT ARE NOT LIMITED TO, THOSE DESCRIBED IN THE "AVMA GUIDELINES FOR EUTHANASIA OF ANIMALS".

EUTHANASIA WILL BE CARRIED OUT BY THE:  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:**

- |  |  |
|--|--|
| <input type="checkbox"/> PASTEURELLOSIS  | <input type="checkbox"/> SPECIES SEPARATION              |
| <input type="checkbox"/> PODODERMATITIS  | <input type="checkbox"/> MALOCCLUSION/OVERGROWN INCISORS |
| <input type="checkbox"/> CANNIBALISM     | <input type="checkbox"/> PEST CONTROL AND PRODUCT SAFETY |
| <input type="checkbox"/> WET TAIL        | <input type="checkbox"/> HANDLING                        |
| <input type="checkbox"/> OTHER (specify) |  |