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 this information collection are 0579-0036 and 0579-0486. The time required to complete this information collection 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. 0579-0486

UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEATH INSPECTION SERVICE ANIMAL CARE

PROGRAM OF VETERINARY CARE

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 have the authority and 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. By law, such programs must include regularly scheduled visits to the premises by the veterinarian. Scheduled visits and daily observations are required to monitor animal health and husbandry.

This optional form or an equivalent format may be used to meet the requirement for a written Program of Veterinary Care. This form may be used as a guideline for developing and writing the veterinary care plan for your animals.

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.

1 of SECTION I. PROGRAM ESTABLISHMENT Licensee/Registrant Veterinarian Name Name **Business Name** Clinic Name USDA License/Registration Number State License Number Mailing Address **Business Address** City, State, and Zip Code City, State, and Zip Code Home Telephone **Business Telephone Business Telephone** Email Address **Email Address** Emergency Care - Describe provisions for emergency, weekend, and holiday care: The veterinarian will conduct regular visits to all premises where animals are kept to assess and ensure the adequacy of veterinary care and other aspects of animal care and use at the following frequency (REQUIRED FOR DOGS: not less than once every 12 months): Physical examinations will be performed at the following frequency (REQUIRED FOR DOGS: Hands-on physical exam at least once every 12 months; REQUIRED FOR MARINE MAMMALS: Visual exam at least once every 6 months; CETACEANS & SIRENIANS require physical exam at least once every 12 months): SECTION II. ATTENDING VETERINARIAN SIGNATURE (REQUIRED FOR DOGS) I have read and completed this Program of Veterinary Care and understand my responsibilities as an attending veterinarian. (9 CFR § 1.1) Printed Name Signature Date APHIS FORM 7002

	S	ECTION III. COV	ERED SPECIES		PAGE 2 of		
List all species for which this d	ocument applies:						
		SECTION IV. V	ACCINATIONS				
	frequency of vaccinations, for exam	·	part or annually. More space i		ed, attach additional pag	jes.	
SPECIES		SERIES		BOOSTER			
Dogs (REQUIRED)	Rabies						
Dogs (REQUIRED)	Parvovirus						
Dogs (REQUIRED)	Distemper						
						_	
Check if not applicable	SECTION	V. DISEASE SUF	RVEILLANCE & TESTII	NG			
List species with regular disease	se surveillance (e.g., Tuberculosis,	Brucellosis), the metho	d and frequency of testing. Mo	ore space is on page	4; if needed, attach add	itional pages	
SPECIES	DISEASE METHO	D (blood, skin test)	FREQUENCY	UENCY			
		SECTION VI.					
	of sampling and treatment for the ty JLTS AND PUPPIES): schedule for					nd <i>Giardia</i> .	
SPECIES	PARASITE TYPE	FREQUENCY OF S	AMPLING e.g., 10% monthly	TREATMENT(S) Lis	st all products, doses, &	frequencies	
	Ectoparasites (fleas, ticks, mites, lice, flies)						
	Blood Parasites (heartworm, Babesia, Ehrlichia, other)						
	Intestinal Parasites (fecals, deworming)						
	(recals, deworming)						
	SECTIO	N VII. GROOMIN	G & PREVENTIVE CAP	RE			
	of preventive care and treatments for trimmed nails, clean & healthy eyes,					althy and	
GROOMING CATEGORY	SCHEDULE (e.g., monthly or ever	ry 6 months)	TREATMENT(S) List all pro	ocedures, products, o	r tools used		
Hair Coat / Feathers							
Nails / Hooves / Feet							
Dental / Beak Care							
Eyes & Ears							
Skin							
Other:							
	•	SECTION VIII	. NUTRITION				
List nutritional requirements, s	specific diets, vitamins, or suppleme	nts for the categories o	of animals below. More space	is on page 4; if neede	ed, attach additional pag	jes.	
Neonates / Young							
Healthy / Maintenance							
Breeding / Nursing							
Geriatric / Special Needs							
Other:							

Check if not applicable	SECTION IX	K. NEONATAL CARE / H	AND REARIN	G PAG	E ₃ of
List any special instructions for the	e care and handling of neonatal you	ng, especially in the case of han	d rearing. More sp	ace is on page 4; if neede	d, attach additional pages.
	SECTION X	. ENRICHMENT, SPAC	E, EXERCISE		
	vironmental enhancement, behavio				
		•			
_					
	ompatibility, stocking density, or of OR DOGS: optional APHIS Form 70				
		REATMENTS FOR DISE			
veterinarians, can use appropriat	animals shall be provided with app e methods to treat diseases and dose, route (e.g, oral, intravenous,	injuries. List medications autho	ized, their indica	tions (e.g., as an anesthe	etic or to treat an infection)
MEDICATION NAME	INDICATION/SPECIES	DOSE (per unit body weight)	ROUTE	FREQUENCY/DURATION	
Describe applicable capture restr	aint, or other handling methods to b	e used in the course of prevent	on control diagn	osis or treatment of disea	ses and injuries:
Describe applicable capture, restr	ant, or other handling methods to t	oc used in the source of prevent	on, control, diagn	osis, or treatment of disea	ses and injunes.
	other medical procedures (e.g., blo nsee/registrant is authorized and ha				
	cedural and post-procedural care, d				
	strants, in consultation with their atter ow for the use of humane methods the	=	ods of euthanasia	that meet the definition of "e	euthanasia" in the Animal
o Produce	rapid unconsciousness and subsequesthesia produced by an agent that ca	ent death without evidence of pai		nt death	
	but are not limited to, those described	•	·		
EUTHANASIA WILL BE CARRIE		_	LICENSEE/RE		
Check if not applicable Descr	ribe method(s) of euthanasia the lice hetics to be used, routes, dosages,	ensee/registrant is authorized an and other details, training, or co	d has demonstrat	ed proficiency to perform in	ncluding instructions, drugs or I, attach additional pages.
	, ,g,	, 3,		. 5 ,	

Check if not applicable		SE	SECTION XII. TRANSPORTATION PAGE 4 of				GE 4 of
Specify considerations such a	s temperature, ventila	tion, space, any	sedatives or medic	cations, or othe	er means to ensu	re the health and well-bei	ng of animals during transport:
			SECTION XIII.	BIOSECU	RITY		
Describe measures to prevent sanitization, pest control, use							
						Ū	
		SE	CTION XIV. V	VATER QU	ALITY		
List specific instructions for wa	ater quality standards,	treatments, sam	pling & testing pro	cedures, or oth	ner measures to e	ensure water supports he	alth and well-being:
		SI	ECTION XV.	OTHER TO	PICS		
Provide any additional informa	ation on topics not cove	ered elsewhere o	on this form:				
Species-Specific Diseases (po	ododermatitis, wet tail,	etc.):		Species-Specific Behavioral Concerns:			
Population Management / Ger	netics:			Reproductive Husbandry:			
Necessary Facility, Personnel, Equipment, and Services			Other Topics:				
,	,						
	1		ADDITIONA	L VACCINI	ES		
SPECIES	DISEASE	INITIAL S	INITIAL SERIES			BOOSTER	
			ADDITIONAL	TREATME	NTS		
MEDICATION NAME	INDICATION/SF	INDICATION/SPECIES DOSE (per unit		body weight) ROUTE		FREQUENCY	COMMENTS/REVERSAL
			ADDITIONAL	INFORMAT	ΓΙΟΝ		