

<b>Program of veterinary care</b>  <b>ANIMAL CARE</b>		<b>OFFICE USE ONLY</b>  DATE RECEIVED:
<b>SECTION I. A PROGRAM OF VETERINARY CARE HAS BEEN ESTABLISHED BETWEEN:</b>		
<b>A. LICENSEE/REGISTRANT</b>		<b>B. VETERINARIAN</b>
1. NAME:		1. NAME:
2. BUSINESS NAME:		2. CLINIC NAME:
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 NUMBER <i>(Home)</i> :	TELEPHONE NUMBER <i>(Business)</i> :	6. TELEPHONE NUMBER <i>(Business)</i> :

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:

## 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 AMERICAN VETERINARY MEDICAL ASSOCIATION (AVMA) RECOMMENDATIONS AND WILL BE CARRIED OUT BY THE FOLLOWING:

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☐

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:

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Congenital Conditions

Exercise Plan (*Dogs*)

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Quarantine Conditions

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Proper Handling of Biologics

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Nutrition

☐

Venereal Diseases

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Anthelmintic Alternation

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Pest Control and Product Safety

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Other (Specify) \_\_\_\_\_

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Proper Use of Analgesics and Sedatives