

Introductory Course for Commercial Dog Breeders

Part 4: Program of Veterinary Care



Learning Objectives

By the end of this unit you should be able to:

1. Describe the role of the attending veterinarian
2. Describe which written records need to be maintained and available for inspection
3. List the main components of a Program of Veterinary Care
4. Complete the required Plan of Veterinary Care

Program of Veterinary Care: Purpose

Program of Veterinary Care helps ensure:

- The facility has an attending veterinarian
- Measures are in place for disease and injury prevention
- Appropriate and timely treatment of diseases and injuries
- Proper storage and use of medications and vaccines
- Euthanasia is conducted appropriately
- The facility has a plan for emergencies

Compliance with the Animal Welfare Act

To comply with the AWA, the facility needs:

- Attending veterinarian
- Written Program of Veterinary Care
 - when veterinarian is part-time
- Sufficient facilities
- Trained personnel
- Program kept updated with changes in operations



The Attending Veterinarian

Attending Veterinarian

- Graduate of an accredited veterinary school, or equivalent
- Training/experience in the care and management of dogs
- Direct or delegated authority for activities involving animals at the facility



Formal Arrangements

Formal arrangement with veterinarian:

- Either full-time employee or part-time consultant
- Formal agreement
- Written Program of Veterinary Care
- Regularly scheduled visits to facility
- Given authority to provide adequate care to animals

Role of the Attending Veterinarian

- Regularly scheduled visits to the facility
- Written records of veterinarian visits include comments or recommendations of the attending veterinarian or other veterinarians

Role of the Attending Veterinarian

Licensee's Role

- Consult with attending veterinarian on Program of Veterinary Care
- Provide resources to ensure:
 - Adequate veterinary care
 - Methods to prevent and treat diseases or injuries
 - Daily observation of animals
 - Direct communication with vet
 - Employee guidance and training

Veterinarian's Role

Provide guidance concerning:

- Animal handling
- Medication dosages/frequencies
- Immobilization/anesthesia
- Analgesia/tranquilization
- Pre- and post-procedural care



The Program of Veterinary Care

Main Components

Program documented in writing must provide:

- Daily observation of animals
- Direct and frequent communication with attending veterinarian
- Appropriate methods of preventing, treating and controlling diseases and injuries
- Appropriate facilities, personnel, training, equipment and services to carry out programs
- Plans for providing animal care on weekends, holidays and in emergencies



Documentation

Documentation

- APHIS Form 7002
- Not required, but contains all required information

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, 0579-0037, and 0579-0039. 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
0579-0037
0579-0039

The Animal Welfare Regulations, Title 9, Subchapter A, Part 1, Subject C, Section 2.33 and Subject D, Section 2.40 require a Program of Veterinary Care.

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OFFICE USE ONLY
DATE RECEIVED: _____

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

SECTION I. A PROGRAM OF VETERINARY CARE (PVC) HAS BEEN ESTABLISHED BETWEEN:

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. MAILING ADDRESS:	_____	4. BUSINESS ADDRESS:	_____
5. CITY, STATE, AND ZIP CODE:	_____	5. CITY, STATE, AND ZIP CODE:	_____
6. TELEPHONE NUMBER (Home):	_____	6. TELEPHONE NUMBER (Business):	_____
TELEPHONE NUMBER (Business):	_____	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
JUN 2011

Page 1 of 4

Attending Veterinarian Documentation Sheet

ATTENDING VETERINARIAN DOCUMENTATION SHEET FOR APHIS FORM 7002

This sheet may be used as a means to document your attending veterinarian's visit to your facility. If you choose to use it for that purpose, have your attending veterinarian sign and date this sheet during each visit to your facility. Your attending veterinarian must visit your facility at least one each year. This sheet should be kept with your PVC.

The enclosed Program of Veterinary Care (PVC) should be completed and signed by your attending veterinarian and must be signed by you.

Keep your properly completed PVC as part of your records that will be reviewed by your USDA inspector.

DO NOT send the completed PVC form to the Animal Care Regional Office.

A new PVC form is needed only if you have changed your attending veterinarian.

Update your PVC form and have it re-signed by your attending veterinarian any time you add a new species of animal to your facility or make any other change in the veterinary care you are providing.

(Veterinarian Signature)

Date

(Veterinarian Signature)

Date

(Veterinarian Signature)

Date

(Veterinarian Signature)

Date

(Veterinarian Signature)

Date

(Veterinarian Signature)

Date

(Veterinarian Signature)

Date



Daily Observation of Animals

Daily Observation of Animals

- Observe all animals every day for health or behavioral problems
- Observations can be made by:
 - Attending veterinarian
 - Other personnel if there is a procedure for direct and frequent communication with the attending veterinarian

Means of Communication

- Direct and frequent communication with attending veterinarian to address problems
 - Phone calls
 - Log books
 - Medical records
- Accurate and timely
- Record veterinarian's comments or recommendations in writing



Animal Health Records

Animal Health Records

- Written health records help demonstrate that dogs have received adequate medical care
- Written health records can document:
 - Preventative health care
 - Identification and treatment of illnesses/injuries
 - Surgeries and other procedures

Animal Health Records: What's in Them?

Dates, details and results of:

- Physical exams
- Medical tests

Diagnosis – by veterinarian

- Official name of illness or injury

Prognosis – by veterinarian

- Predicted outcome
- A prognosis may not always be available, depending upon type of injury or illness



Health Records: What's in Them?

A treatment plan:

- Names of medications
- Dosage
- Route of administration of medications, such as:
 - Oral (pills, some liquids)
 - Topical (on the skin)
 - Injection
 - Other (intranasal, intraocular)
- Frequency of administration (how many times a day?)
- Duration of treatment (how many days?)
- Date the problem was resolved

Dog ID/USDA ID _____

Name _____

Date of illness/injury: ___/___/___

Symptoms: _____

Diagnosis: _____

Made by: _____

Date	Medication	Route	Amount Given	AM	PM	Other

Date problem resolved: _____

Preventative Health Care

- Vaccinations
 - Date, type of vaccine, where given on animal
- Parasite Control Measures
 - Treatments:
 - Deworming/flea and tick treatments
 - Date, name of treatment medication and dose, how administered (oral, topical, dip)
 - Testing
 - Fecal exam for intestinal parasites
 - Blood exam for blood parasites

Records of Preventative Health Care

Records of Preventative Health Care:

- Individual animal records
 - Must include individual animal identification name or number
- Group animal records
 - Such as for a litter of puppies
 - Include identification, such as “Litter born on March 23, 2008 to female #15”

Keeping Records

- Health records may be held by:
 - The licensee
 - The attending veterinarian
- Should be available at all times for inspection
 - Licensee's responsibility to ensure records are available and complete
- Should be kept for at least 1 year after the final disposition of the animal
- If animal is sold/transferred: copy of medical records should accompany the animal



Treatment, Diagnosis and Prevention of Illness and Injuries

Vaccination and Parasite Control

Vaccinations

- Diseases:
 - Rabies
 - Parvovirus
 - Distemper
 - Hepatitis
 - Leptospirosis
 - Bordetella
 - Others
- Vaccine type
- Frequency: different animals/ages

Parasite control

- Parasites:
 - Internal: heartworm, worms, blood parasites
 - External: fleas, ticks, flies
- Treatment type, dose & frequency
- Tests and testing intervals (fecal floatation, blood work)

Nutrition

Proper nutrition is essential for:

- Preventing illnesses
- Supporting the immune system
- Preventing obesity, which can lead to many health problems
 - Joint pain, diabetes, heart failure, breathing difficulties, difficult births, shortened life span
- Successful reproduction: gestation, lactation
- Growth of puppies

Develop plan with the attending veterinarian

Mental Health

Signs of mental illness

- Stereotypic behaviors:
 - Spinning
 - Pacing
 - Excessive licking of paws or legs
 - Excessive barking
 - Fearfulness/aggression

Develop prevention program (Refer to Socialization presentation):

- Socialization
- Enrichment (toys)
- Exercise



Individual Animal Hygiene

- Individual animal hygiene:
 - Nail trims
 - Bathing/grooming
 - Dental cleaning/exams
- Skin, nail and dental care programs should be developed with the attending veterinarian




Dental Care

Dental care is important to good health

- Plaque and tartar build up on teeth
- Gum disease – painful, tooth loss, may lead to systemic disease

Discuss with attending veterinarian

- Regular examinations
- Cleaning and treatment



Facilities, Equipment, Personnel and Training

Facilities

- Clean areas for administering medications, treatments and vaccinations
- Clean, quiet kennels for surgical recovery
- Appropriate storage of medications and vaccines
 - Vaccines must be kept refrigerated
 - Some medications must be refrigerated (e.g. insulin)
 - Prevent medications and vaccines from freezing

Facilities (cont'd)

- Isolate sick dogs
- Quarantine new dogs
 - Dogs in isolation or under quarantine must receive adequate husbandry, medical care, socialization, and exercise
- Keep kennel visitors to a minimum
- Consult attending veterinarian to develop plans

Trained Personnel

People working with the animals must consult the attending veterinarian to learn to properly:

- Handle animals
- Administer medications
- Administer vaccinations and parasite preventatives
- Euthanize animals
- Take care of wounds
- Care for animals recovering from surgery

Euthanasia

Veterinarian must be consulted to ensure:

- Properly performed in a legal and humane manner
- Properly trained personnel conduct euthanasia

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:

- Produce rapid unconsciousness and subsequent death without evidence of pain or distress, or
- Utilize anesthesia produced by an agent that causes painless loss of consciousness and subsequent death

Euthanasia (cont'd)

Include in Program of Veterinary Care:

- Methods of euthanasia to be used at the facility
- Names of personnel who have been adequately trained and authorized to perform euthanasia

Appropriate Equipment

- Brand new needles and syringes for each dog
- Non-expired vaccines and medications
 - Do NOT use expired medications or vaccines
 - Properly dispose of outdated drugs and vaccines



Prescription Drug Labels

- Name, address and phone number of prescribing veterinarian
- Owner's name
- Identification (name, id number) of animal(s) treated
- Date prescription filled
- Name and active ingredient of medication
- Medication strength (i.e. mg, units)
- Number of pills/amount of liquid/cream dispensed
- Dosage and duration (how much, when, and for how long)
- Route of administration (oral/topical/injection)
- Number of refills
- Cautions (e.g., give with food)
- Medication expiration date

Medications

- Extra label use of medications
 - Use of medications in ways other than written on the original label is illegal, unless approved by a veterinarian
- Laws regulate how and when a drug may be used extra label
- Always discuss the use of any medications with your veterinarian to be sure you are using them properly and legally

Cleaning and Sanitization

1. Physically remove (scoop or scrape) as much solid waste as possible
2. Apply appropriate detergent
3. Scrub
4. Rinse well until all detergent is gone
5. Allow area to dry completely
6. Apply appropriate disinfectant
7. Rinse well until all disinfectant gone
8. Dry surface well (squeegee)

Emergency Plans

All animals in your facility must receive daily care, even during:

- Weekends
- Holidays
- Emergencies
 - Personal emergencies that take you away from the facility
 - Natural disasters

Emergency Plans

Plan for care of the animals if you cannot:

- Names and phone numbers of persons that can take care of the animals
- Name and phone number of attending veterinarian, and a back-up veterinarian
- Plans in case of power outage, loss of water service
- Evacuation of animals from the kennel due to heater failure, natural disaster, fire, etc.



APHIS Form 7002

APHIS Form 7002

- Must have a written Program of Veterinary Care
- Use of Form 7002 is not required
- Using Form 7002 has advantages:
 - convenient
 - standardized

APHIS Form 7002: Program of Veterinary Care

- Use of this form is not required, but all of the information on the form is required

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 0579-0026, 0579-0028, and 0579-0029. 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
0579-0026
0579-0028
0579-0029

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

UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE		OFFICE USE ONLY DATE RECEIVED:
ANIMAL CARE (Program of Veterinary Care for Research Facilities or Exhibitors/Dealers)		
SECTION I. A PROGRAM OF VETERINARY CARE (PVC) HAS BEEN ESTABLISHED BETWEEN:		
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. 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
JUN 2011

Page 1 of 4

Section I

Name, address, phone number, license information of licensee and attending veterinarian

SECTION I. A PROGRAM OF VETERINARY CARE (PVC) HAS BEEN ESTABLISHED BETWEEN:		
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. 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):

Section I

Signatures: licensee and attending veterinarian

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

Information about:

- Vaccinations
- Parasite Control Programs
- Emergency Care
- Euthanasia
- Additional Program Topics

SECTION II. DOGS AND CATS					
A. VACCINATIONS - SPECIFY THE FREQUENCY OF VACCINATION FOR THE FOLLOWING DISEASES:					
	CANINE			FELINE	
	JUVENILE	ADULT		JUVENILE	ADULT
PARVOVIRUS			RABIES		
DISTEMPER			RESP. VIRUSES		
HEPATITIS			OTHER (Specify)		
LEPTOSPIROSIS					
RABIES					
BORDETELLA					
OTHER (Specify)					

B. PARASITE CONTROL (HOOKUP) - DESCRIBE THE FREQUENCY OF SAMPLING OR TREATMENT FOR THE FOLLOWING:

1. ECTOPARASITES (Fleas, Ticks, Mites, Lice, Fleas): _____

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 EUTHANASIA. EUTHANASIA WILL BE IN ACCORDANCE WITH THE AVMA RECOMMENDATIONS AND WILL BE CARRIED OUT BY THE FOLLOWING:
 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

APHIS 7082
JUN 2011 Page 2 of 4

Vaccinations

- Juveniles
 - ages at which the pups will receive each vaccine
- Adults
 - interval of vaccination
- Consult veterinarian to determine vaccines needed at facility

CHECK IF N/A <input type="checkbox"/>		SECTION III. DOGS AND CATS			
A. VACCINATIONS - SPECIFY THE FREQUENCY OF VACCINATION FOR THE FOLLOWING DISEASES:					
	CANINE			FELINE	
	JUVENILE	ADULT		JUVENILE	ADULT
PARVOVIRUS			RANGLIK		
DISTEMPER			RESP. VIRUSES		
HEPATITIS			RABIES		
LEPTOSPIROSIS			OTHER (Specify)		
RABIES					
BORDETELLA					
OTHER (Specify)					

Parasite Control Programs

“As needed” is not acceptable

Ectoparasites (fleas, ticks)

- Name of products
- Dose & frequency
- Age of animals to receive treatments
 - “Adults and puppies over X age: BugBeGone flea dips every X months”

Consult veterinarian for guidance

B. PARASITE CONTROL PROGRAM – DESCRIBE THE FREQUENCY OF SAMPLING OR TREATMENT FOR THE FOLLOWING:
1. ECTOPARASITES (Fleas, Ticks, Mites, Lice, Ring):
2. BLOOD PARASITES (Heartworm, Babesia, Ehrlichia, Other):
C. EMERGENCY CARE – DESCRIBE PROVISIONS FOR EMERGENCY, WEEKEND, AND HOLIDAY CARE:

Parasite Control Programs

Blood parasites (ie heartworm)

- Testing intervals
- Age at testing
- Name/type of test
- Name of preventative medication
- Frequency & dose
- Age of animals to receive preventative medicine

Consult veterinarian for guidance

B. PARASITE CONTROL PROGRAM - DESCRIBE THE FREQUENCY OF SAMPLING OR TREATMENT FOR THE FOLLOWING:	
1. ECTOPARASITES (<i>Fleas, Ticks, Mites, Lice, Flies</i>)	
2. BLOOD PARASITES (<i>Heartworm, Babesia, Ehrlichia, Other</i>)	
3. INTESTINAL PARASITES (<i>Fecals, Deworming</i>)	

Parasite Control Programs

Intestinal parasites

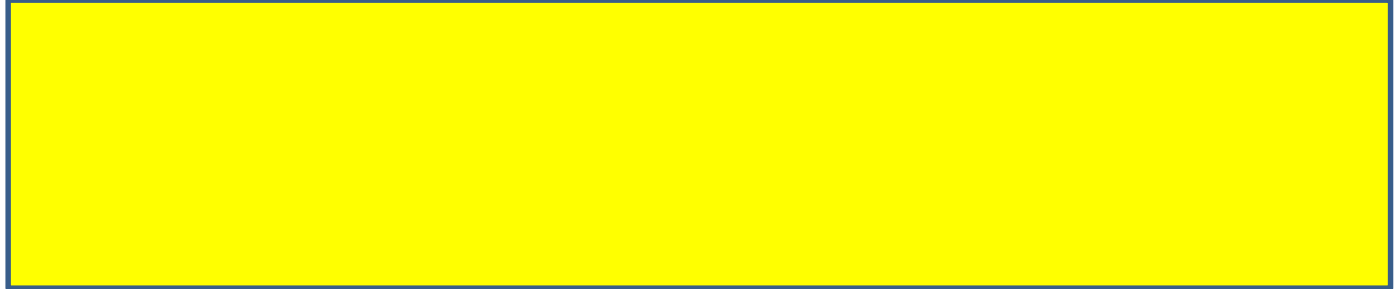
- Testing intervals
- Age of animals to be tested
- Name of preventative/treatment medication
- Frequency and dose of preventative/treatment administration
- Age of animals to receive preventative/treatment medicine

Consult with your veterinarian for guidance

B. PARASITE CONTROL PROGRAM - DESCRIBE THE FREQUENCY OF SAMPLING OR TREATMENT FOR THE FOLLOWING:	
1. ECTOPARASITES (<i>Fleas, Ticks, Mites, Lice, Flies</i>)	
2. BLOOD PARASITES (<i>Heartworm, Babesia, Ehrlichia, Other</i>)	
3. INTESTINAL PARASITES (<i>Fecals, Deworming</i>)	

Emergency Care

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



Names and contact phone numbers:

- Persons to provide care to animals on weekends, holidays or during emergencies, include duties
- Veterinarians (in addition to attending veterinarian) who should be contacted in an emergency

Euthanasia

Part 1:

- Check the box(es) to indicate who will perform euthanasia

Part 2:

- Describe:
 - Method of euthanasia
 - Name of drug used, and dosage
 - How you will know that an animal is dead

D. EUTHANASIA	
1. SICK, DISEASED, INJURED, OR LAME ANIMALS SHALL BE PROVIDED WITH VETERINARY CARE OR EUTHANIZED. EUTHANASIA WILL BE IN ACCORDANCE WITH THE AVMA RECOMMENDATIONS AND WILL BE CARRIED OUT BY THE FOLLOWING:	
<input type="checkbox"/> VETERINARIAN	<input type="checkbox"/> LICENSED REGISTRANT
2. METHOD(S) OF EUTHANASIA:	

Euthanasia (cont'd)

- Must consult veterinarian when an animal needs to be euthanized to determine acceptable method of euthanasia

Additional Program Topics

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 (<i>Dogs</i>) |
| <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 (<i>Specify</i>) _____ | <input type="checkbox"/> Proper Use of Analgesics and Sedatives |

Conclusion

You should now be able to:

1. Describe the role of the attending veterinarian
2. Describe which written records need to be maintained and available for inspection
3. List the main components of a Program of Veterinary Care
4. Complete the required Plan of Veterinary Care



Questions?

Acknowledgments

This presentation was prepared by the Center for Food Security and Public Health, Iowa State University through a cooperative agreement with USDA APHIS Animal Care.

