

# Veterinary Services Process Streamlining (VSPS)



## What is VSPS

Multipurpose system of the USDA/APHIS/Veterinary Services (VS) associated with animal and animal product movement into and out of the US as well as interstate and intrastate movements.

#### **VSPS Modules:**

- NVAP
- Interstate This web-based Interstate Module for Certificates of Veterinary Inspection (CVI) and supporting documents are USDA provided at no cost to states and accredited veterinarians. Accredited Veterinarians may set up a practice to allow document sharing among practice members including CVI data, test record information, business contact and animal information.
- Animal Import
- Animal Import Center Reservation
- Product Import
- Product Export

### Who can use VSPS

- USDA-accredited veterinarians
- Need level 2 e-Authentication credentials (see handout for instructions)
- Approved under <u>accredited veterinarian</u> role
- Veterinary assistant role can create CVI, but cannot issue

## **Topics**

- Creating a practice
- Creating an animal
- Creating a test record
- Creating a certificate of veterinary inspection (CVI)

#### Go to <a href="https://vsps.aphis.usda.gov/vsps/">https://vsps.aphis.usda.gov/vsps/</a> and click LOG IN



FOIA | Accessibility Statement | Privacy Policy | Non-Discrimination Statement | Information Quality | FirstGov | White House

Home

About eAuthentication

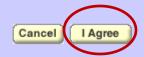
Help

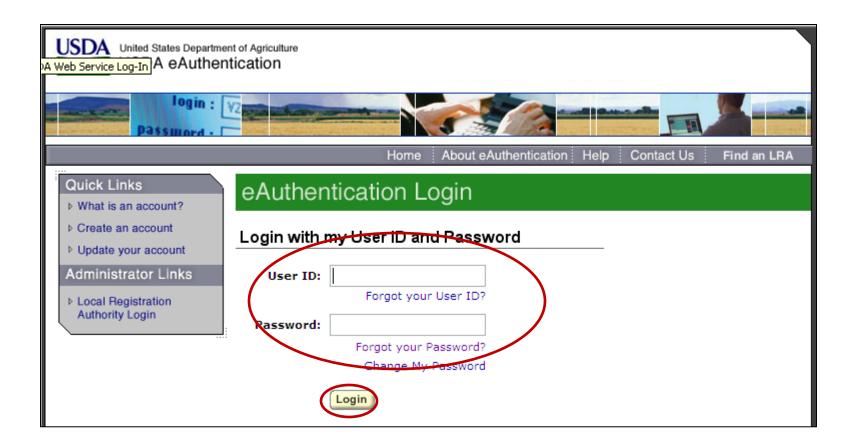
Contact Us

Find an LRA

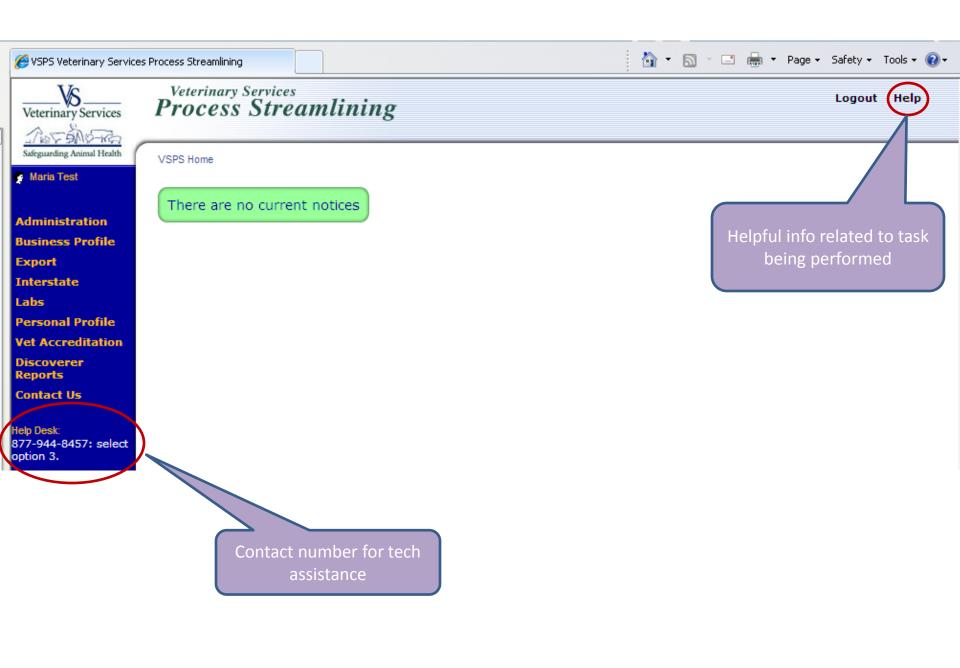
#### \*\*\*\*\*\*\*\*\*\*\*\*\*\*WARNING\*\*\*\*\*\*\*\*\*\*\*

- You are accessing a U.S. Government information system, which includes (1) this computer, (2) this computer network, (3) all computers connected to this network, and (4) all devices and storage media attached to this network or to a computer on this network. This information system is provided for U.S. Government-authorized use only.
- Unauthorized or improper use of this system may result in disciplinary action, as well as civil and criminal penalties.
- . By using this information system, you understand and consent to the following:
  - o You have no reasonable expectation of privacy regarding any communications or data transiting or stored on this information system. At any time, the government may for any lawful government purpose monitor, intercept, search and seize any communication or data transiting or stored on this information system.
  - Any communications or data transiting or stored on this information system may be disclosed or used for any lawful government purpose.
  - Your consent is final and irrevocable. You may not rely on any statements or informal policies purporting to provide you with any expectation of privacy regarding communications on this system, whether oral or written, by your supervisor or any other official, except USDA's Chief Information Officer.

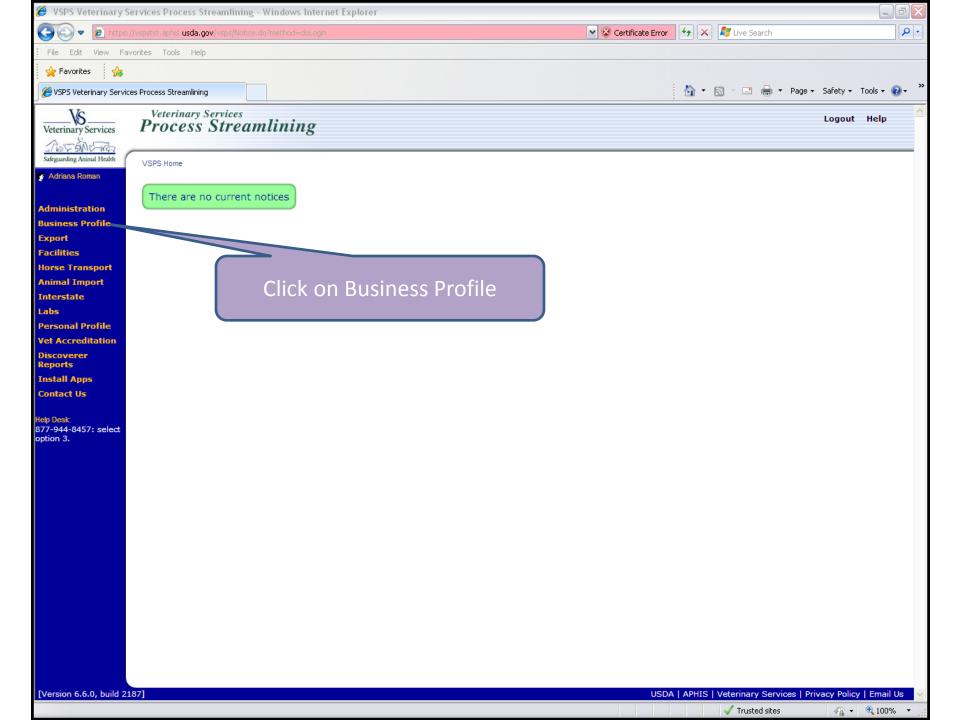


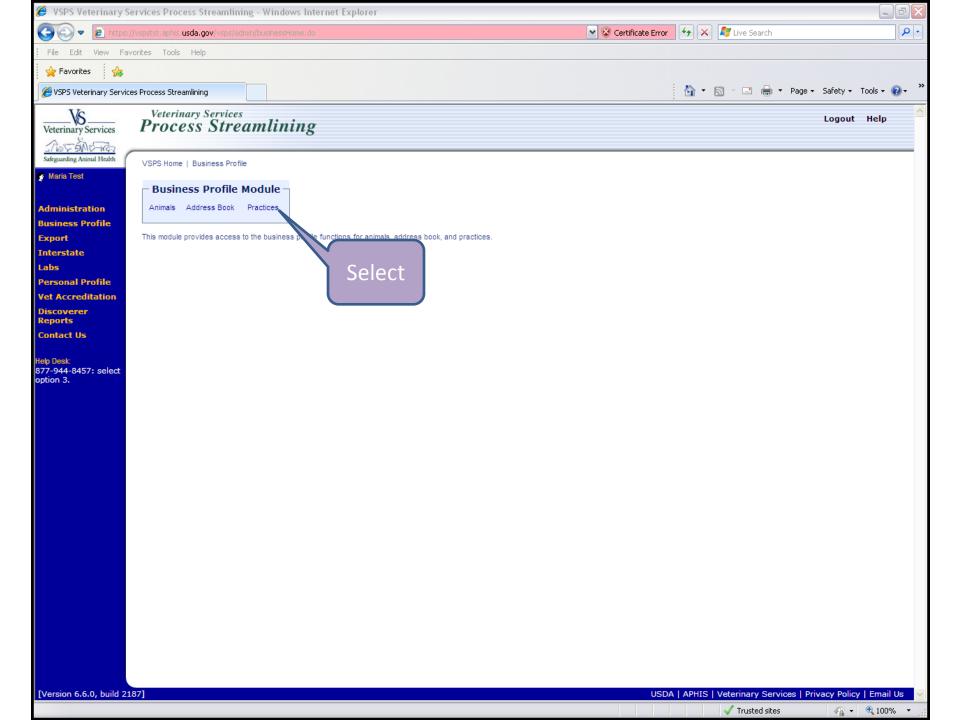


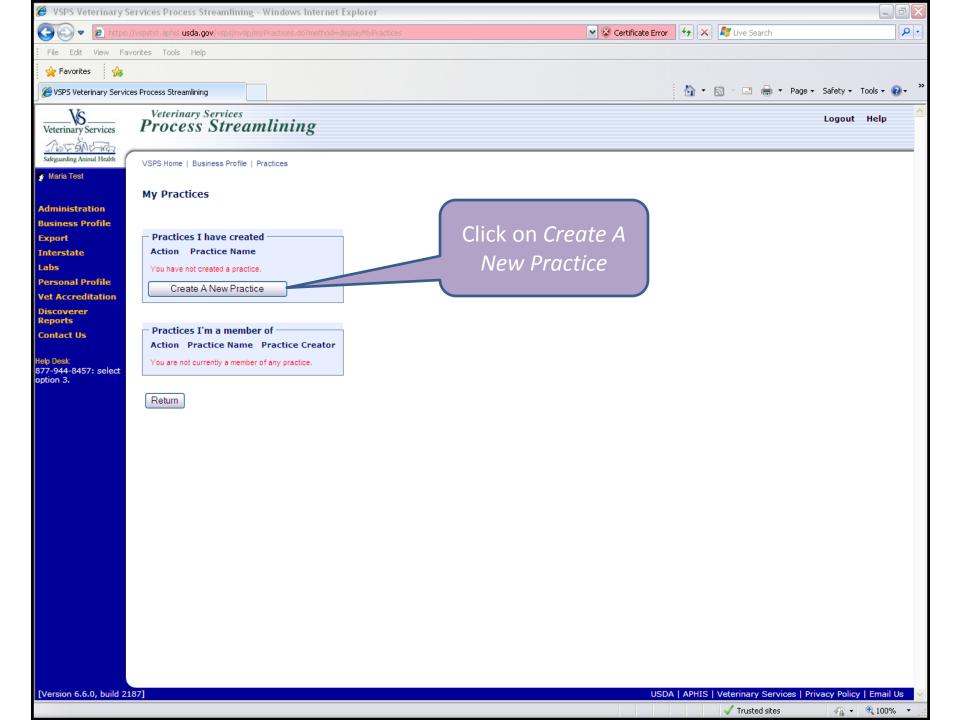
- 1. Enter eAuthentication user ID and password
- 2. Click Login

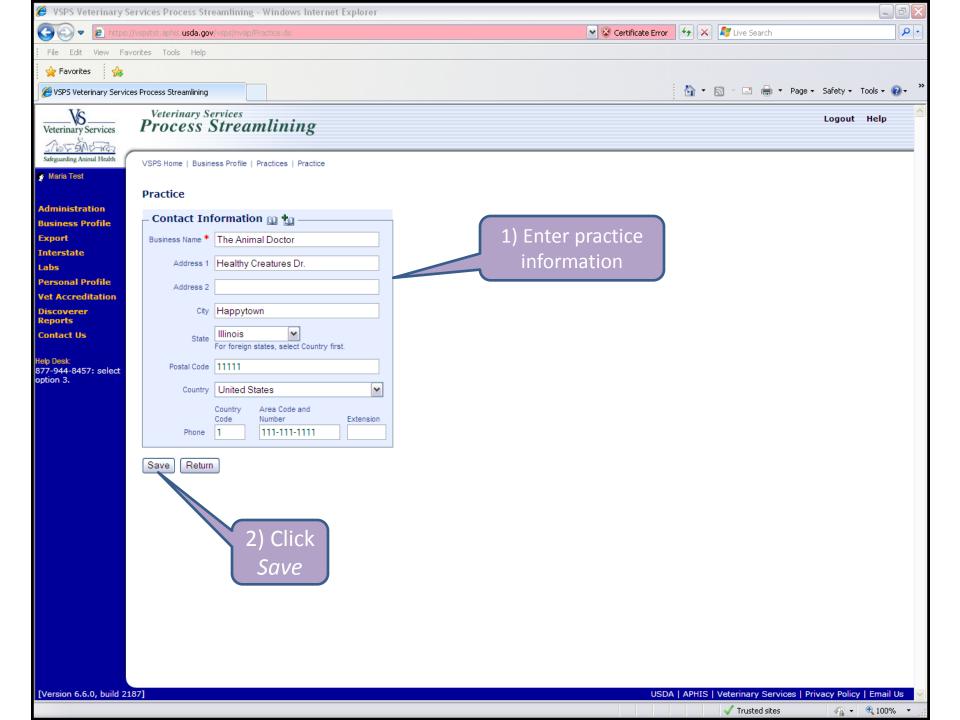


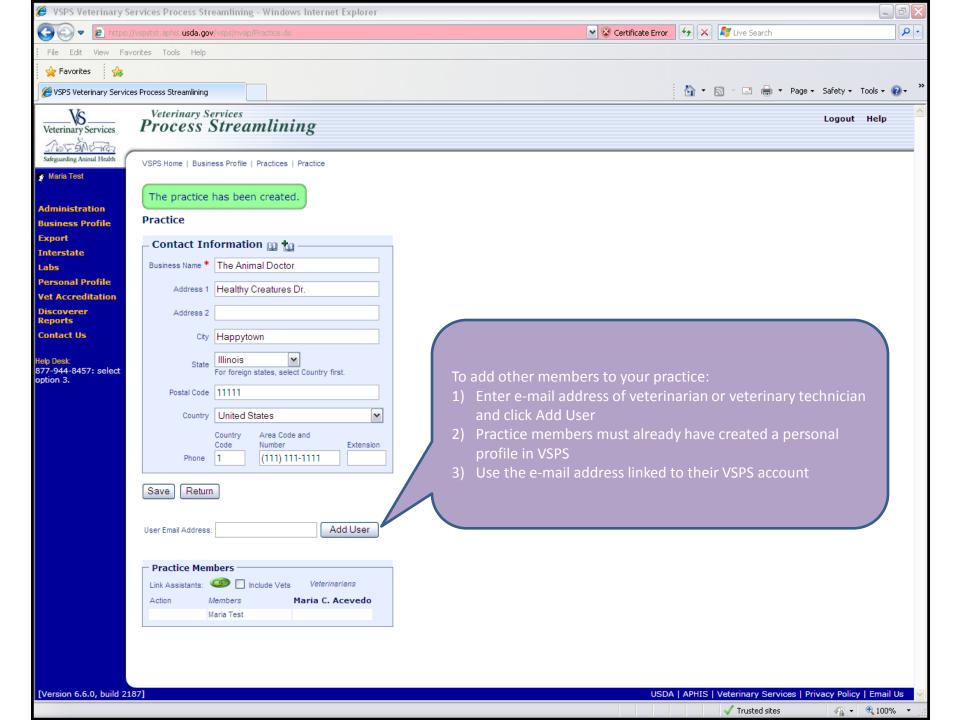
## Creating a practice







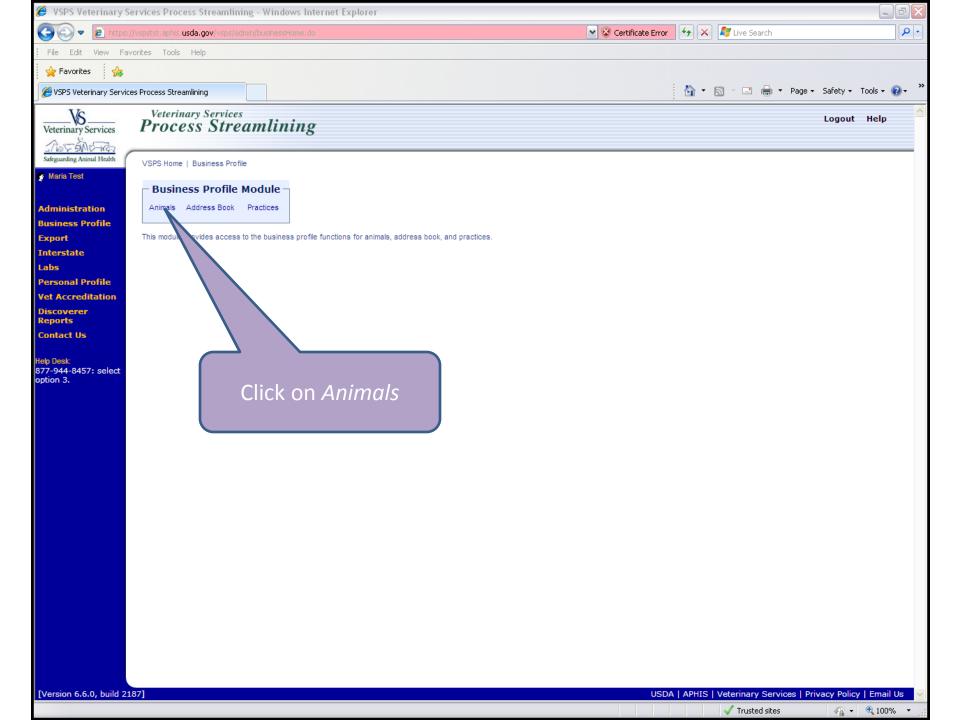


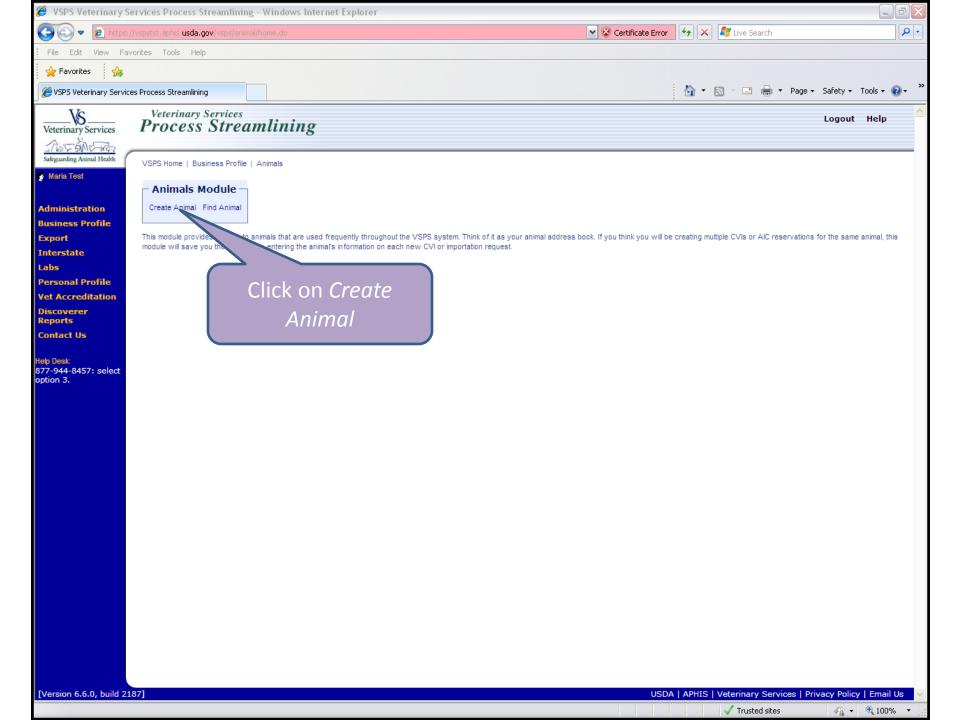


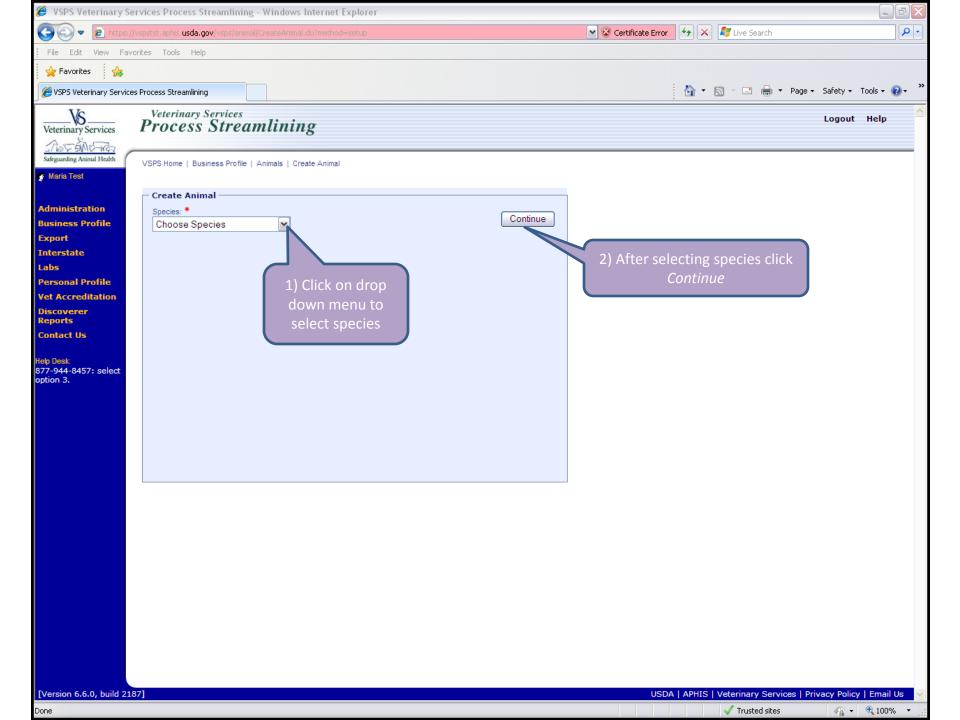
- 1) Person invited needs to go on VSPS and accept the invitation
- 2) Once invited member(s) have accepted, the practice owner can click on Link Assistants icon



## Creating an animal

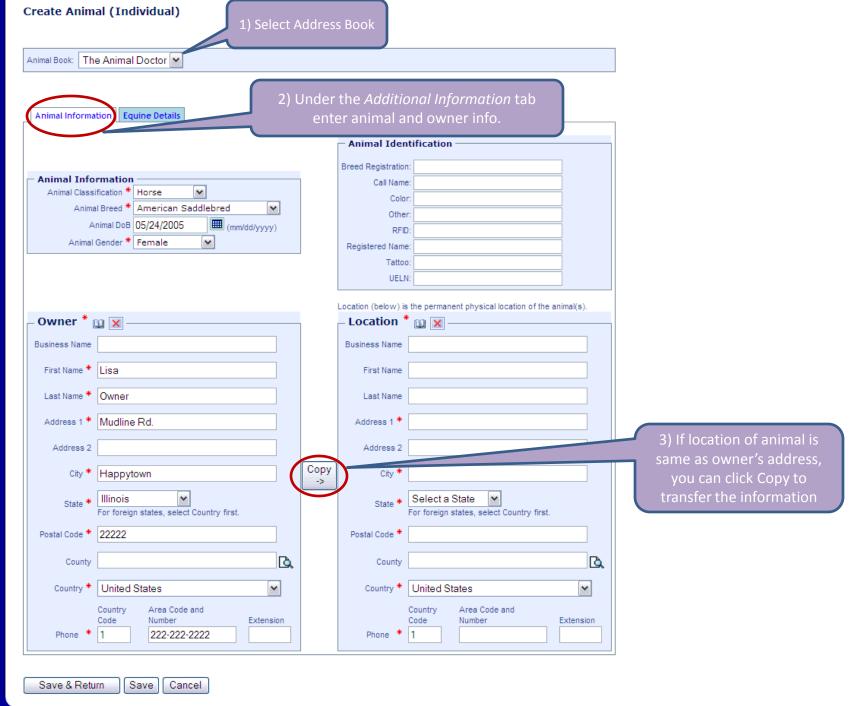




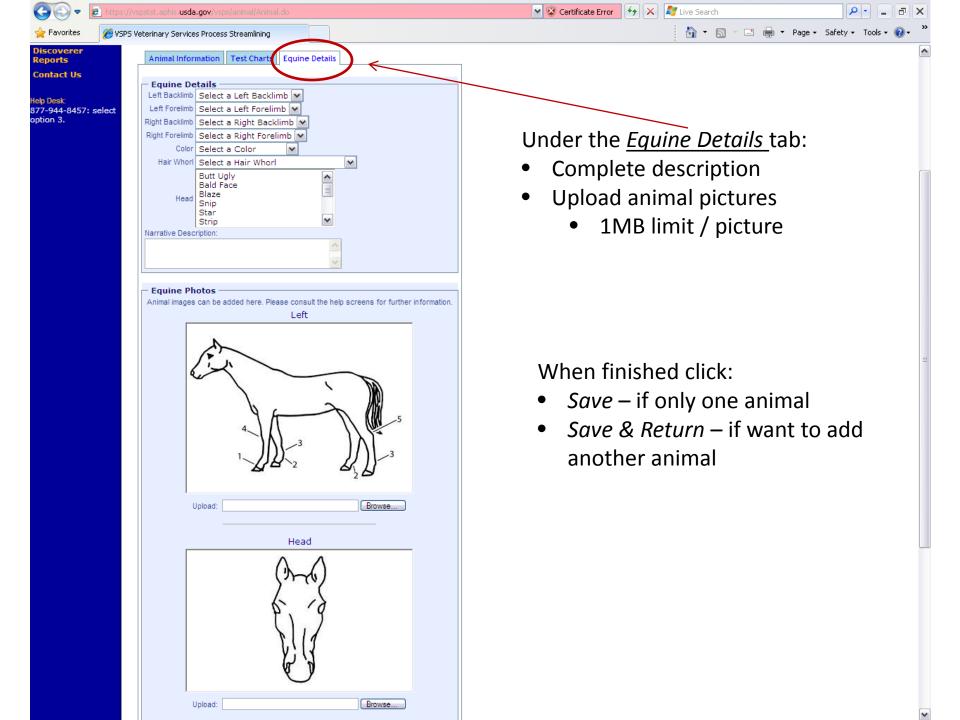


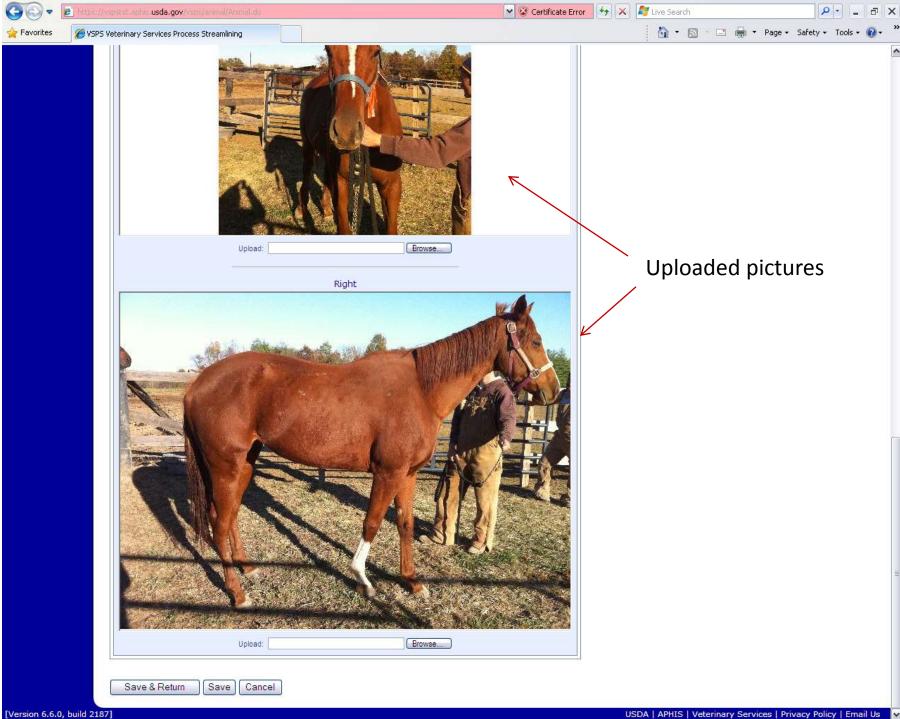
Administration
Jusiness Profile
Export
Interstate
Labs
Personal Profile
Vet Accreditation
Discoverer
Leports
Contact Us

elp Desk: 77-944-8457: select ption 3.

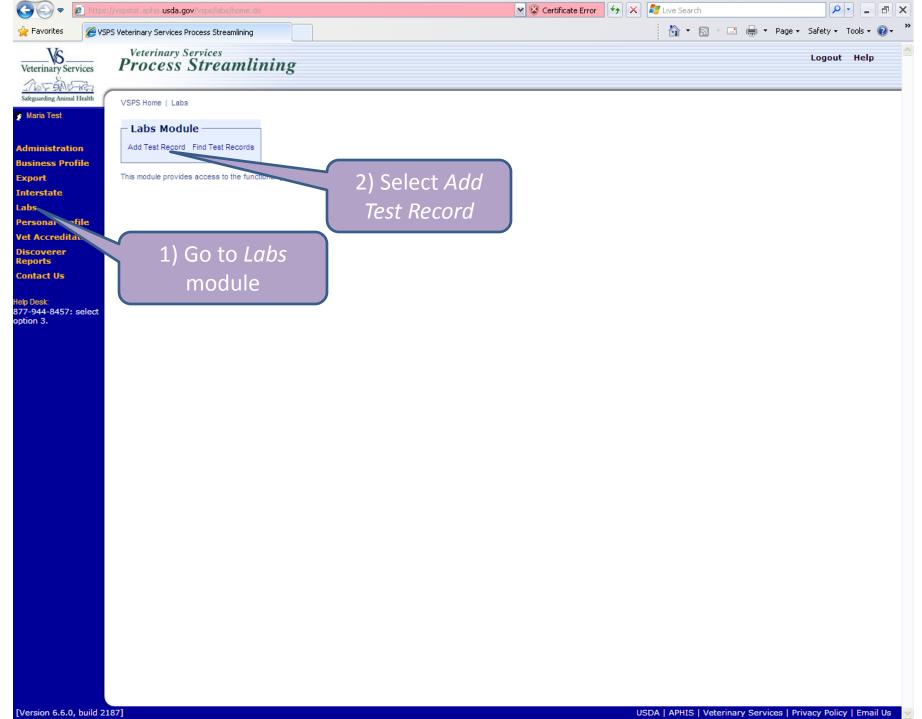


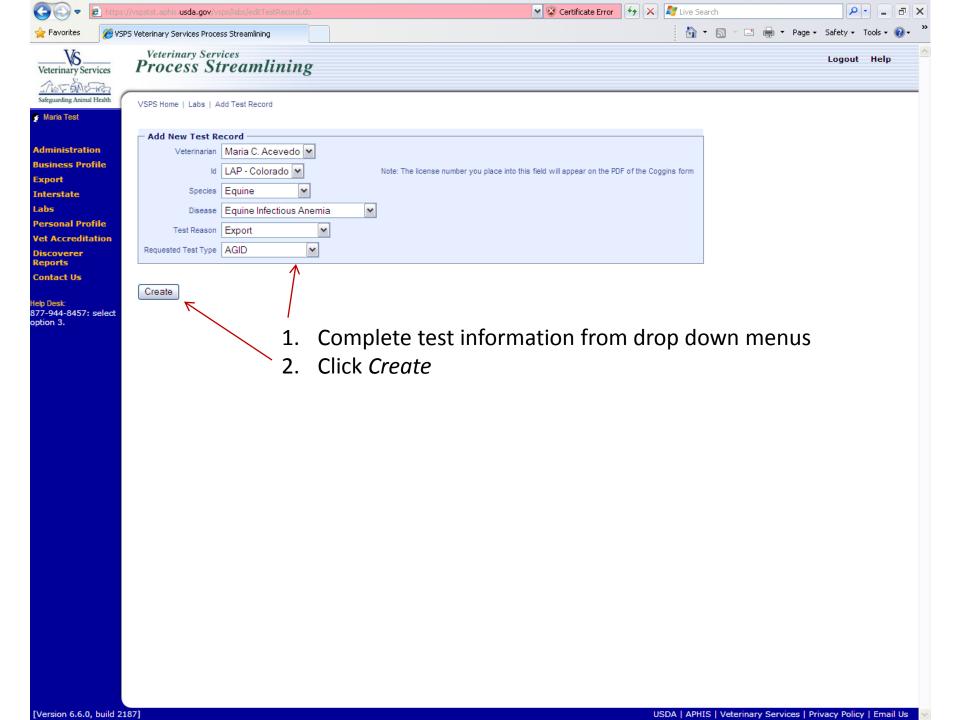
Version 6.6.0, build 2187] USDA | APHIS | Veterinary Services | Privacy Policy | Email Us

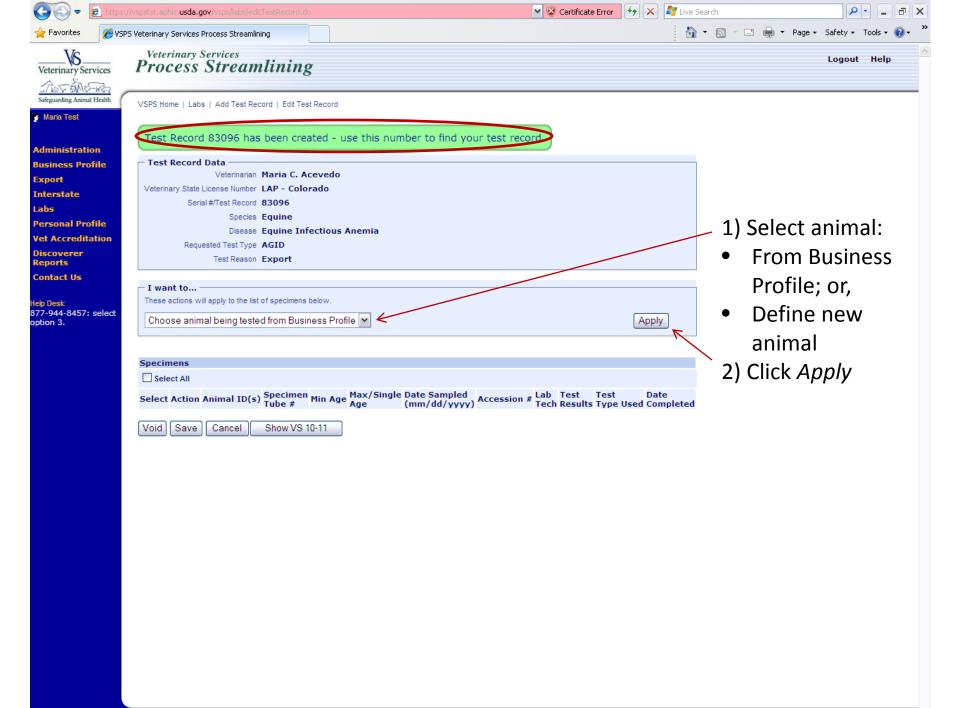




## Creating a test chart: EIA example



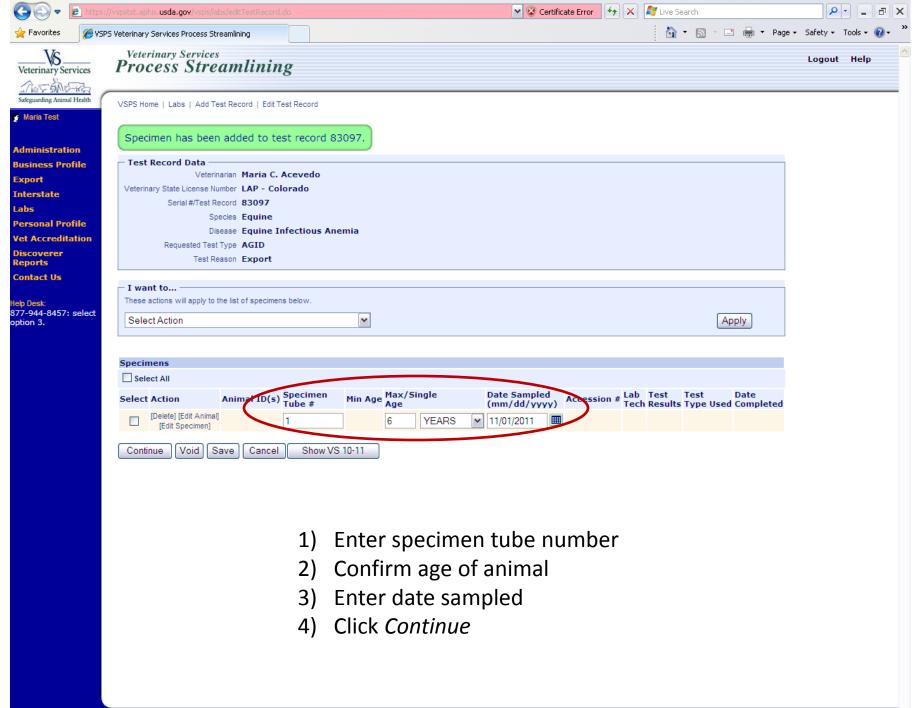


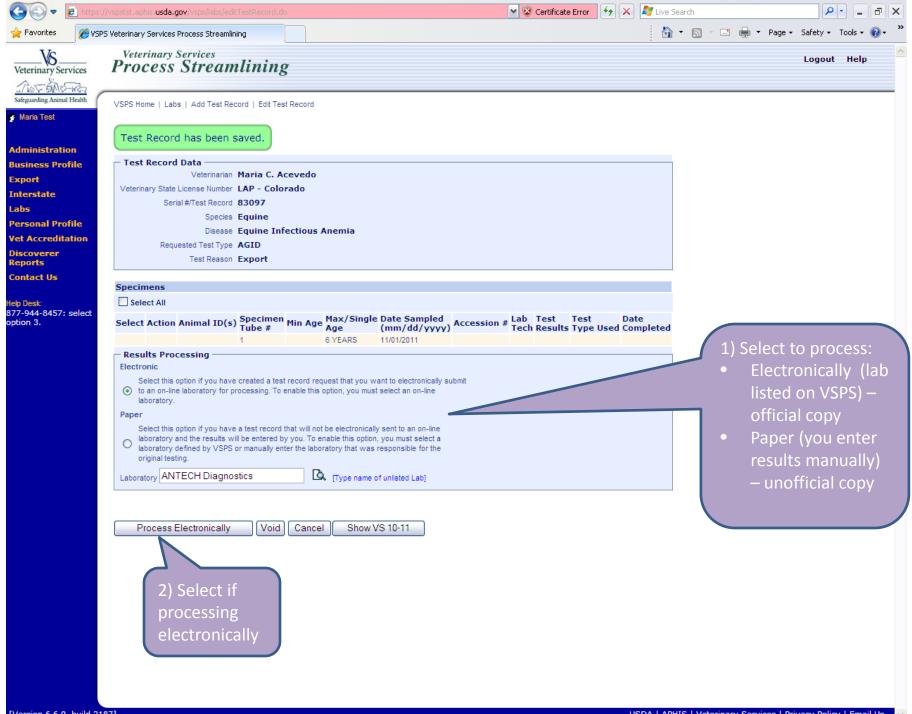




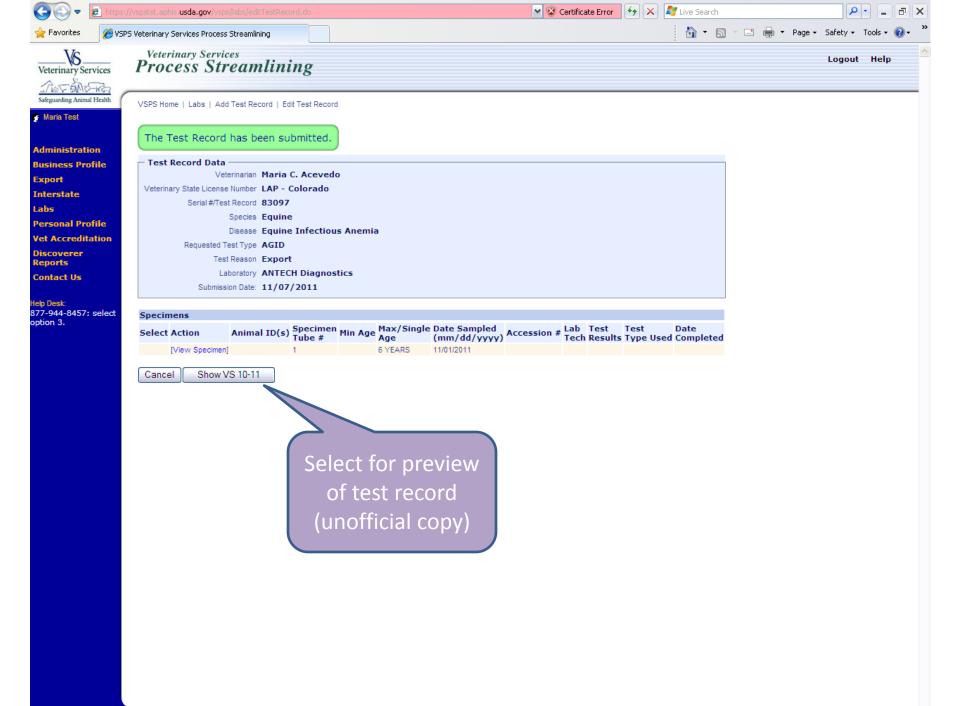
- 1) New window will open
- Select or search for animal from address book
- 3) Click Continue

Select





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					Form Approve	ed - OMB Number 0579-0123			
US Department of Agricu	Serial No.		Accession Number		2. Date Blood Drawn				
Animal and Plant Health Inspect EQUINE INFECTIOUS ANEMIA LA (VS Memorandum 555.)	83	098			11/01/2011				
Forms Without Adequate Descrip			Addresses Processed		Codes, Countie	s, and Telephone			
I. Reason for Testing	Show	First Test	First Test 7. Name and Address or Stable/Market (Please print or type)						
Market Change of Ownership	Export	Lisa C	Lisa Owner						
. Geographic Information Systems (GIS)	5. Veterinary License								
Lat:	or Accreditation No.	ELISA	Happy	Happytown, IL Zip Code 11111					
Long:	5.	✓ AGID	Tel No. (2	222) 222-2222	County	County			
Name and Address of Owner (Please print Lisa Owner	or type)			and Address of W C. Acevedo	eterinarian (Please pri	int or type)			
2525 Mudline Rd.			34 Wi	llow Drive					
Happytown, IL Zip Code 11111			Breck	Breckenridge, CO Zip Code 80424					
el No. (222) 222-2222 County			Tel No. (9	Tel No. (999) 884-1122 County Summit					
I certify the specimen submi	Certification of Fe tted with this Form was dra				on the date indicate				
Signature of Federally Accredited Vetering		o or Print Signature Name 12. Signature Date 11/07/2011							
I certify that I have examin	Certification of ed this form and, to the best				rue, correct and co	mplete.			
3. Signature of Owner or Owner's Agent		14. Тур	e or Print Sign	ature Name	15.	Signature Date			
16. 17. 18. Tube Official No. Tag No. Tattoo/Bra	19. Name of Horse	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. M - Male F - Female G - Gelding			
1	100	Chestni A	America		05/24/2005	F N - Neuter			
The second secon									

#### SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS







				100	700 70					
Narrative	Descript	tion and Remarks		25 Apr 10	Mary 1 / 1	M.				
25. Head Star and Strip			26. Other Marks and Brands							
27. Left Foreimb			28. Right Forelimb Stocking							
29. Left Hindlimb				30. Right Hindlimb						
For	Laborato	ry Use Only								
32. Date Received 35. Signature of Tec		e Reported Out	34. Test Results Negative 36. Remarks	Positive	AGID	ELISA				
	For 32. Date Received	For Laborate 32. Date Received 33. Date	trip 26. Other Marks at 28. Riight Foreimit 30. Riight Hindlim  For Laboratory Use Only  32. Date Received 33. Date Reported Out	28. Right Forelimb  Sto  30. Right Hindlimb  For Laboratory Use Only  32. Date Received  33. Date Received  34. Test Results  Negative	trip 26. Other Marks and Brands 28. Right Forelimb Stocking 30. Right Hindlimb  For Laboratory Use Only 32. Date Received 33. Date Reported Out 34. Test Results   Negative Positive	trip				

Falsification of this form or knowingly using a falsified form is a criminal offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

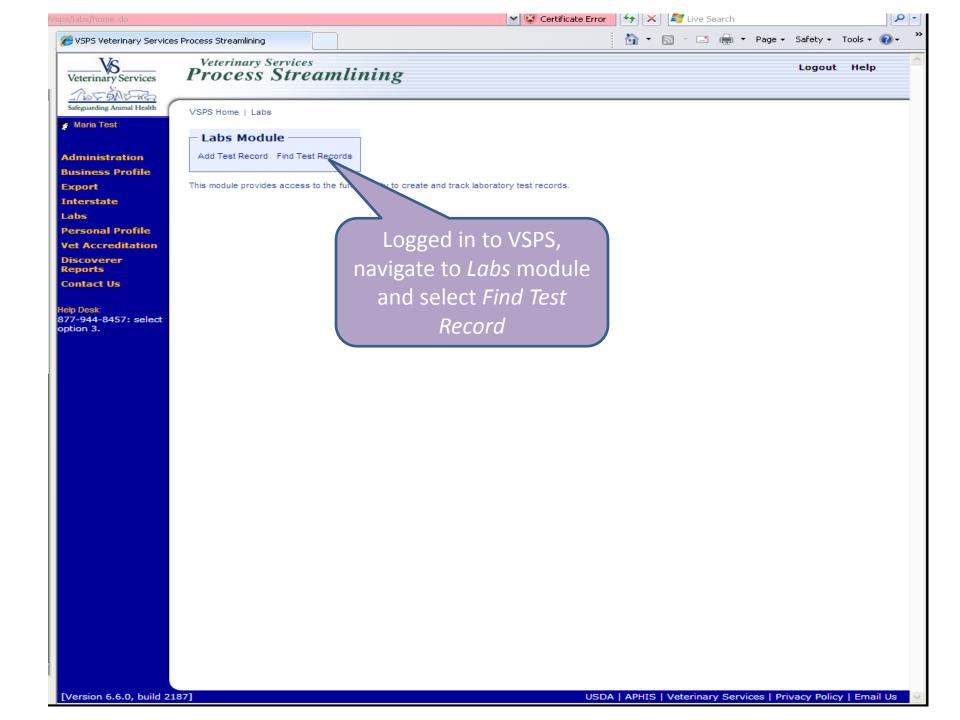
VS FORM 10-11 (MAY 2003)

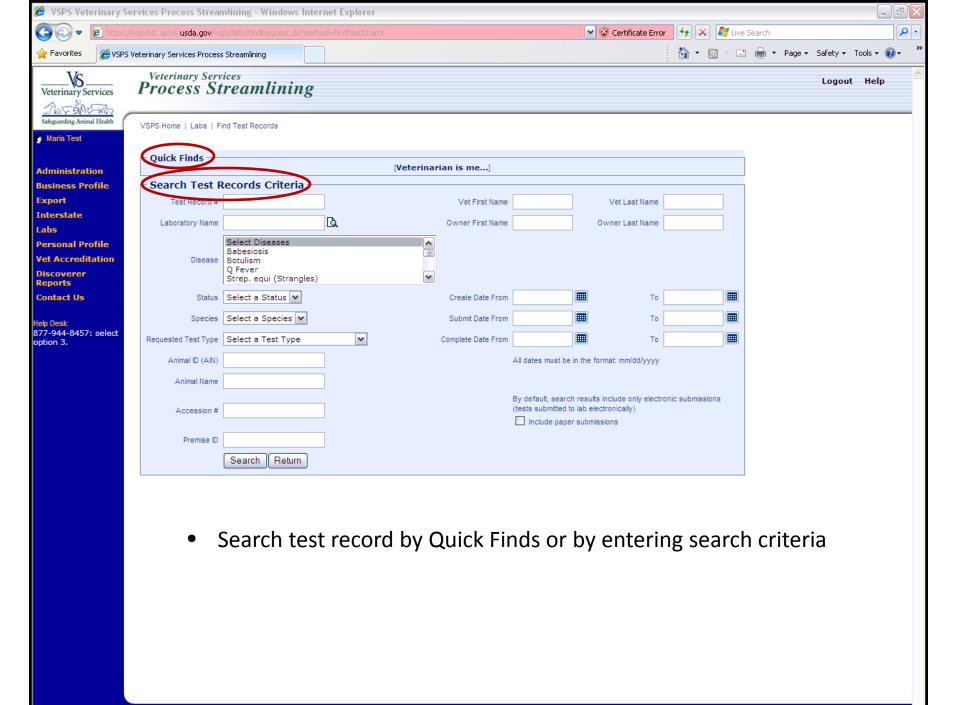
PART 1 - VETERINARIAN/SUBMITTER

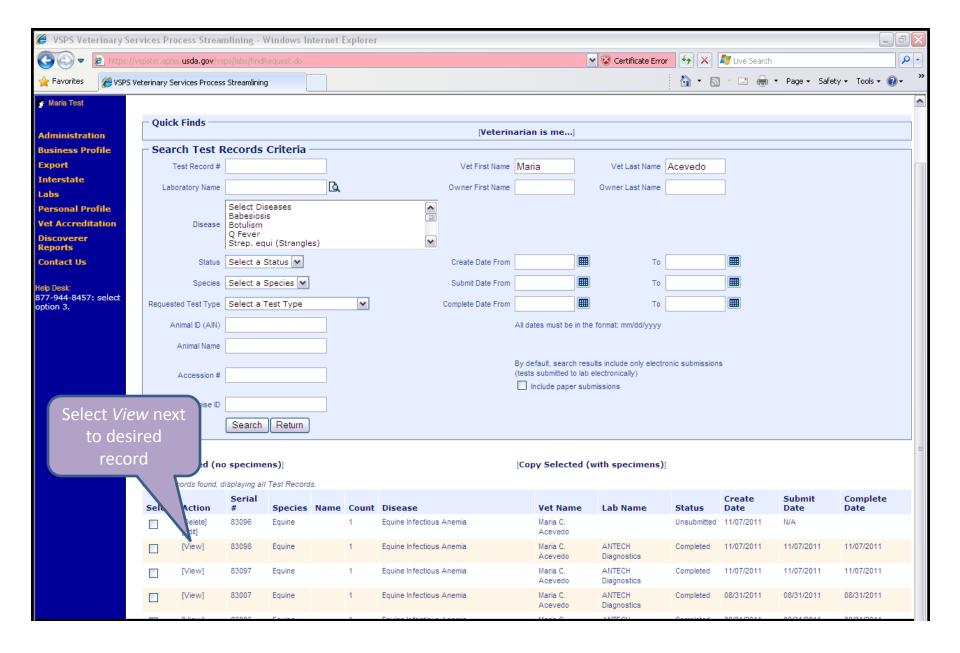


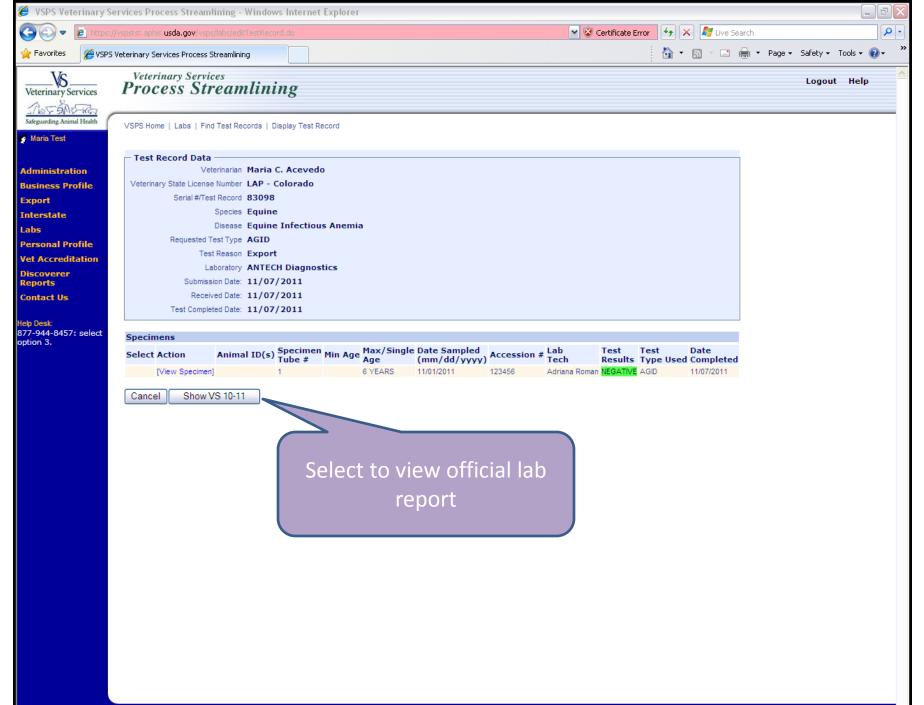
Then...

- Sample is delivered to lab and tested
- Lab tech will enter results on VSPS









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					Form Ap		MB Number 0579-0127					
US Department of Agrico	ulture	Serial No.		Accession Number			<ol><li>Date Blood Drawn</li></ol>					
Animal and Plant Health Inspection Service  EQUINE INFECTIOUS ANEMIA LABORATORY TEST (VS Memorandum 555.16)			3098		123456		11/01/2011					
Forms Without Adequate Descriptions of the Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.												
Reason for Testing Show First Test 7. Name and Address or Stable/Market (Please print or type)												
Market Change of Ownership Retest DExport Lisa Owner												
. Geographic Information Systems (GIS)												
	or Accreditation No.	□ ELISA										
Lat:	LAP		Ha	Happytown, IL Zip Code 11111								
Long:		✓ AGID	Tel No	(222) 222-222	unty							
. Name and Address of Owner (Please print	or type)		9. Nan	ne and Address of	Veterinarian (Plea	se print or t	ype)					
Lisa Owner			Ma	Maria C. Acevedo								
2525 Mudline Rd.		34	34 Willow Drive									
Happytown, IL		Bre	Breckenridge, CO Zip Code 80424									
el No. (222) 222-2222		Tel No. (999) 884-1122 County S				Summit						
	Certification of Fe				-60h. T	15751	707					
I certify the specimen subm 0. Signature of Federally Accredited Veter					w on the date ind							
Signature of Federally Accredited Veter			e or Print Signature Name 12. Signature Date 11/07/2011									
I certify that I have exami	Certification ned this form and, to the be				s true, correct an	d complet	e.					
3. Signature of Owner or Owner's Agent	14. Ty	14. Type or Print Signature Name 15. Signature Date				ture Date						
16. 17. 18. Tube Official No. Tag No. Tattoo/Br	19. Name of Horse	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex	M - Male F - Female G - Gelding					
1 -		hestnu	America		05/24/2005	G - Gelding N - Neuter						
1 -1 1												







Narrative Description and Remarks 25. Head 26. Other Marks and Brands Star and Strip 27. Left Forelimb Stocking 29. Left Hindlimb 30. Right Hindlimb For Laboratory Use Only 31. Laboratory Name/City/St 33. Date Reported Out 11/07/2011 11/07/2011 ✓ Negative Positive ✓ AGID ELISA **ANTECH Diagnostics** 35. Signature of Technician 36. Remarks Tampa, FL Adriana Roman

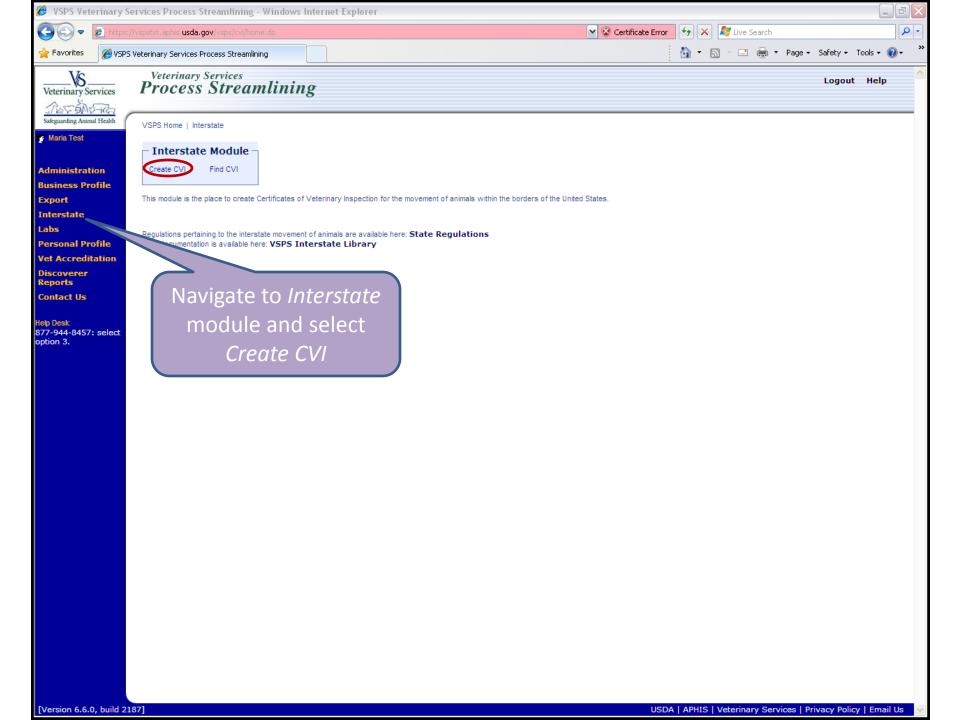
Falsification of this form or knowingly using a falsified form is a criminal offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

VS FORM 10-11 (MAY 2003)

PART 1 - VETERINARIAN/SUBMITTER

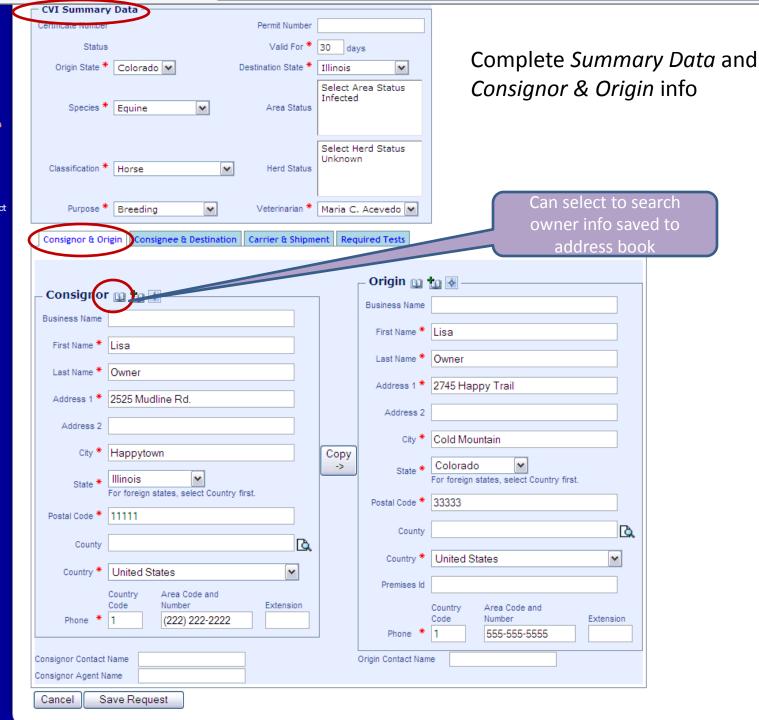


Creating a CVI: Equine example



Administration
Business Profile
Export
Interstate
Labs
Personal Profile
Vet Accreditation
Discoverer
Reports
Contact Us

Help Desk: 877-944-8457: select option 3.

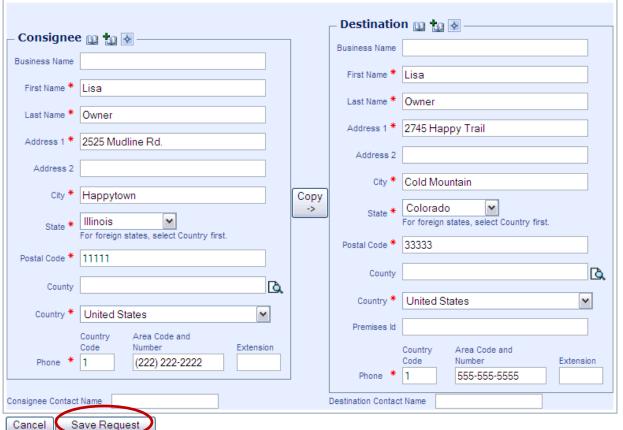


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o Desk: 7-944-8457: select ion 3.



- 1) Complete information on Consignee & Destination and Carrier & Shipment tabs (Required Tests tab not required)
- 2) Click Save Request





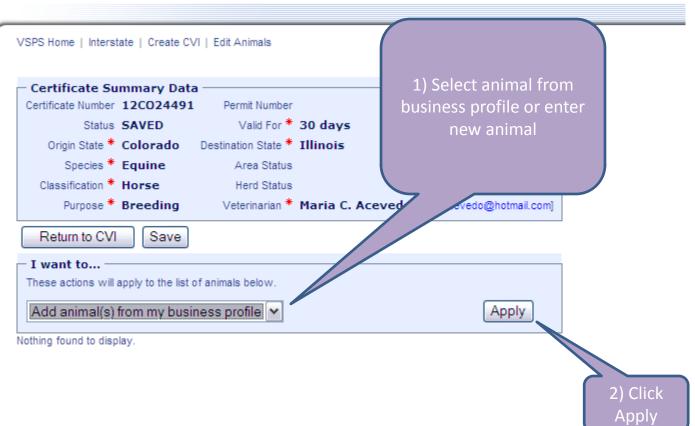
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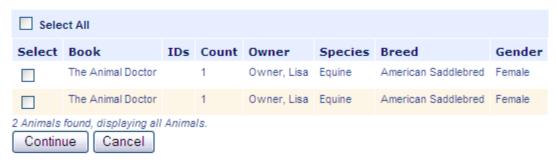
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7-944-8457: select tion 3.





2 Animals found, displaying all Animals.



Select or search for desired animal and click continue

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8457: select

## Process Streamlining

VSPS Home | Interstate | Create CVI | Edit Animals

Age has been calculated for one or more animals based on Date of Birth information. The calculated age values have not been saved.

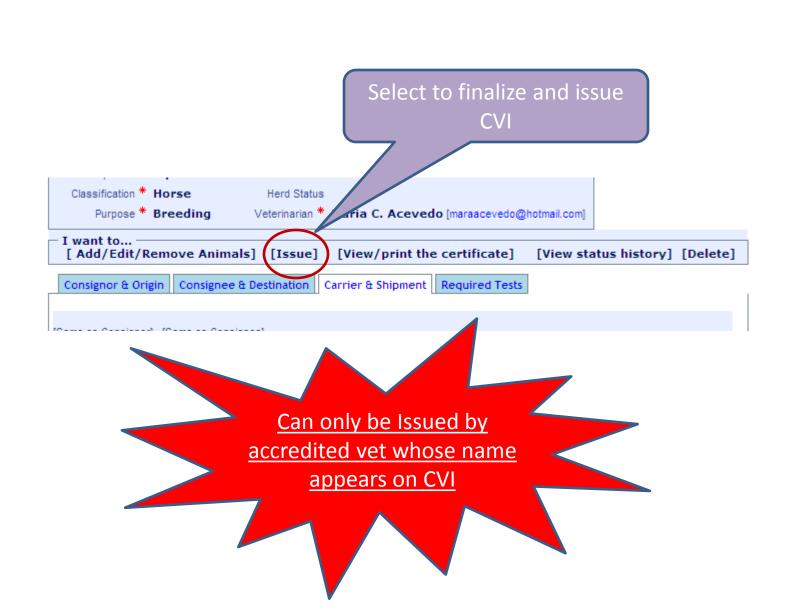


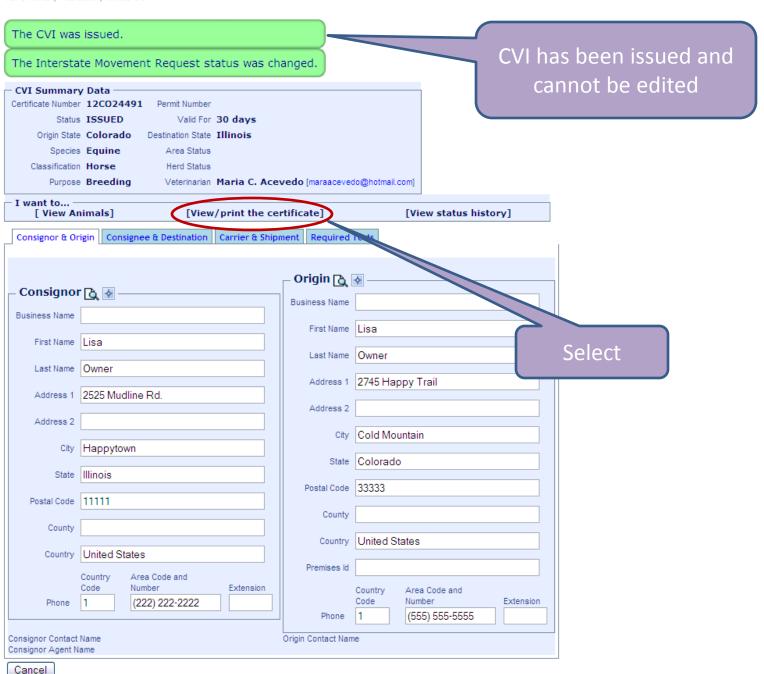
Select

## Process Streamlining









Contact state of destination for current movement requirements	STATE OF COLORADO CERTIFICATE OF VETERINARY INS Livestock and Poultry Use Federal Forms for Foreign Shipmen					CTIO	N		Valid for 50 days following the				nmber 12CO24491		Page # 1/1	
Consignor Lisa Owner 2525 Mudline Rd.			Consig	Consignee Lisa Owner 2525 Mudline Rd.					1					Inspection Date 11/07/2011 Issue		
Happytown, IL 111 (222) 222-2222	11			Happytown, IL 11111 (222) 222-2222					Hannytown I	Happytown, IL 11111				Date 11/07/2011		
Origin Address (if different from above) Lisa Owner 2745 Happy Trail		Destination (Address or Description) Lisa Owner 2525 Mudline Rd.					(222) 222-2222				Shipment Date 11/12/2011 Entry Permit Number					
Cold Mountain, CO	3333			Happytown, IL 11111 (222) 222-2222					Transport Mode Land							
SPECIES / CLASS		NUMBER OF ANIMALS		OSE OF SHIPMENT	STATE/AREA				TATUS HEF				RD/FLOCK STATUS			
Equine / Horse		1	Inter	Interstate Breeding												
		INDIVIDUAL ANIMAL IDENTIF	ICATION			11 66 12			TEST(S)					VACC	VACCINATION(S)	
FEDERAL EARTAG #, REGISTRATION TATTOO, OR OTHER PERMANENT IDENTIFICATION  REGISTRY NAME AND NUMB OR DESCRIPTION AND REGISTERED OWNERSHIP BRA (All animals presented for test must listed. Line out animals not shippe		.ND t be	D E D		S E X	T E M P	Laboratory K A - ANTECH D			ious Anemia	a	C O D	N E A C T T E I			
			,			200		Disease	Accession Serial # Da		Date Samp	Date Sampled Lab Results			O N	
	1			American Saddlebred	6 Y	F	Zº	EIA	123456	83098	11/01/2011	I A	N			
	2				VQ.	$\eta_{NE}$	NUN	ILLE MA								
	3					7 0	GH									
	4				/	- 0										
	5															
VETERINARY CERTIFICATION - I certify, as an accredited veterinarian the the above described animals have been inspected by me and that they are not showing signs of the infectious, contagious and/or communicable disease (except where noted). The vaccinations and results of tests are indicated on the certificate. To the best of my knowledge, the animals listed on this certificate meet the state of destination and federal interstate requirements. No further warranty is made or implied.  Signature (e-Authentication signature is on file with USDA)  Accredited Veterinarian  Print Name Maria Acevedo				STATE OF DESTINATION REQUIREMENTS:  STATE CERTIFICATION/REMARKS  OWNER/AGENT STATEMENT (Where applicable) "The animals in this shipment are those certified to and listed on this certificate."												
Address Phone (999) 884-1122					Lisa Ow	ner	E1/	Dat	te	010	W					
Breckenridge, CO 80424								, IAI		0	SP Ê 02 73894					

Questions?