

Program of Veterinary Care

This is a form that may be used as a guideline for the PVC. The operator 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 of the animals on the premises.

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.

A program of veterinary care has been established between operator and veterinarian.

Section 1 - Operator information

Name: _____

Business Name: _____

Business License Number: _____

Mailing Address: _____

Telephone Number(s): _____

Section 2 - Veterinarian information

Name: _____

Business Name: _____

State License Number: _____

Business Address: _____

Telephone Number(s): _____

Program of Veterinary Care

Section 3- Dogs and Cats (Check if not applicable)

A. Vaccinations –Specify the vaccinations either administered or required for animals at facility:

Canine: _____

Feline: _____

B. Program to control disease and care for health:

Fleas, Ticks, Mites, Lice, etc.: _____

Blood Parasites: _____

Intestinal Parasites: _____

C. Emergency Care: Descibe provisions for emergency, weekend and holiday veterinary care:

D. Additional Program Topics: The following topics have been discussed in the formulation of the program of veterinary care (check that they have discussed):

Congenital Conditions Exercise Plan Nutrition

Quarantine Conditions Proper Handling of Biologics Proper Use of Analgesic/Sedative

Pest Control and Product Safety

Other (Specify) _____

Section 4- Other animals: (Check if not applicable)

A. Vaccinations –Specify the vaccinations either administered or required for animals at facility:

Species	Required Vaccines
_____	_____
_____	_____
_____	_____

B. Program to control disease and care for health:

Program of Veterinary Care

Fleas, Ticks, Mites, Lice etc: _____

Blood Parasites: _____

Intestinal Parasites: _____

C. Emergency Care:

Describe provisions for emergency, weekend and holiday veterinary care:

Describe capture and restraint methods:

D. Additional Program Topics: The following topics have been discussed in the formulation of the program of veterinary care (check that they have discussed):

- | | | | | | |
|---------------------------------|--------------------------|------------------------------|--------------------------|------------------------------------|--------------------------|
| Congenital Conditions | <input type="checkbox"/> | Exercise Plan | <input type="checkbox"/> | Nutrition | <input type="checkbox"/> |
| Quarantine Conditions | <input type="checkbox"/> | Proper Handling of Biologics | <input type="checkbox"/> | Proper Use of Analgesics/Sedatives | <input type="checkbox"/> |
| Pest Control and Product Safety | <input type="checkbox"/> | | | | |

Other (Specify)

I have read and completed this Program of Veterinary Care, and understand my responsibilities:

Signature of Business

Owner or Operator: _____

Printed Name: _____

Date: _____