



STATE OF MISSOURI  
 DEPARTMENT OF AGRICULTURE  
**PROGRAM OF VETERINARY CARE - BOARDING FACILITIES & COMMERCIAL KENNELS**

**SECTION I. LICENSEE AND VETERINARIAN INFORMATION**

**LICENSEE**

NAME

NAME OF BUSINESS

ACFA LICENSE NUMBER

MAILING ADDRESS

TELEPHONE (HOME AND BUSINESS)

EMAIL

**VETERINARIAN**

NAME

CLINIC

MISSOURI VETERINARY LICENSE NUMBER

BUSINESS ADDRESS

TELEPHONE (BUSINESS)

**SECTION II. PREVENTATIVE HEALTH PROTOCOLS REQUIRED FOR BOARDING**

**A.** Please list any testing, including frequency, required prior to admittance for boarding (i.e. fecal, heartworm test, feline leukemia test, etc.):

1.

2.

3.

**B.** Please list the minimum vaccinations required to be current prior to admittance for boarding:

<b>CANINE</b>		<b>FELINE</b>	
Rabies		Rabies	
Distemper		Panleukopenia	
Hepatitis		Rhinotracheitis	
Parainfluenza		Calici Virus	
Parvovirus		Other	
Bordetella Bronchiseptica		Bordetella Bronchiseptica	
Other			

**C.** Please list any parasite control products required to be administered prior to admittance for boarding (i.e. heartworm preventative, flea and tick control products, dewormers, etc.):

1.

2.

3.

**SECTION III. EMERGENCY CARE**

A. Please describe the procedures used for obtaining emergency veterinary care for your clients' animals:

**SECTION IV. EXERCISE AND SOCIALIZATION PROGRAM**

A. Please describe your exercise policy/procedure, including duration and frequency for daily exercise:

B. Please describe how animals are socialized prior to being housed or placed in groups (including play groups, if applicable):

**SECTION V. ADDITIONAL TOPICS TO DISCUSS WITH ATTENDING VETERINARIAN**

A. Quarantine/Isolation Procedures:

B. Nutrition:

C. Handling of Biologics:

D. Pest Control:

E. Health Certificates:

F. Other (specify):

**SECTION VI. SIGNATURE OF RECORD****A. LICENSEE**

I have read and completed this Program of Veterinary Care and understand my responsibilities. If space provided is not adequate for a specific topic, additional sheets may be added (please specify section and item).

LICENSEE SIGNATURE

DATE

**B. VETERINARIAN**

The attending veterinarian shall establish, maintain and supervise programs of disease prevention and control, pest and parasite control, nutrition, and adequate veterinary care for all dogs and cats on the premises of the licensee. This program shall be reviewed on an annual basis. Scheduled visits are required to monitor animal health and husbandry. This program requires regularly scheduled visits to the premises by the attending veterinarian, a minimum of once yearly.

VETERINARIAN SIGNATURE

DATE