



STATE OF MISSOURI
 DEPARTMENT OF AGRICULTURE
 DIVISION OF ANIMAL HEALTH - ANIMAL CARE FACILITIES ACT (ACFA)

PROGRAM OF VETERINARY CARE - REQUIRED FOR ALL LICENSEES

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

| A. LICENSEE/REGISTRANT | | | B. VETERINARIAN | | |
|------------------------------|------------|-----|----------------------|-------|-----|
| NAME | | | NAME | | |
| BUSINESS NAME | | | CLINIC | | |
| USDA AND/OR ACFA LICENSE NO. | | | STATE LICENSE NO. | | |
| MAILING ADDRESS | | | BUSINESS ADDRESS | | |
| CITY | STATE | ZIP | CITY | STATE | ZIP |
| TELEPHONE (HOME) | (BUSINESS) | | TELEPHONE (BUSINESS) | | |

SECTION II. VACCINATIONS AND PARASITE CONTROL - SPECIFY FREQUENCY - SAMPLING - TREATMENT, ETC.

| CANINE | JUVENILE | ADULT | FELINE | JUVENILE | ADULT |
|-----------------|----------|-------|-----------------|----------|-------|
| PARVOVIRUS | | | PANLEUK | | |
| DISTEMPER | | | RESP. VIRUSES | | |
| HEPATITIS | | | RABIES | | |
| LEPTOSPIROSIS | | | OTHER (SPECIFY) | | |
| RABIES | | | | | |
| BORDETELLA | | | | | |
| OTHER (SPECIFY) | | | | | |

ECTOPARASITES (FLEAS, TICKS, MITES, LICE, FLIES)

BLOOD PARASITES (HEARTWORM, BABESIA, EHRlichia, OTHER)

INTESTINAL PARASITES (FECALS, DEWORMING)

SECTION III. EMERGENCY CARE AND EUTHANASIA

DESCRIBE EMERGENCY CARE PROVISIONS - WEEKEND - HOLIDAYS, ETC.

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| EUTHANASIA: 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: | METHOD(S) OF EUTHANASIA TO BE USED |
| <input type="checkbox"/> VETERINARIAN <input type="checkbox"/> LICENSEE/REGISTRANT | _____ |

SECTION IV. EXERCISE AND SOCIALIZATION PROGRAM

HOW ARE EXERCISE AND SOCIALIZATION REQUIREMENTS MET?

SECTION V. ADDITIONAL PROGRAM TOPICS DISCUSSED AS NECESSARY

| | | |
|--|---|--|
| <input type="checkbox"/> Congenital Conditions | <input type="checkbox"/> Anthelmintic Alternation | <input type="checkbox"/> Pest Control - Product Safety |
| <input type="checkbox"/> Quarantine Conditions | <input type="checkbox"/> Venereal Disease | <input type="checkbox"/> Use of Analgesics and Sedatives |
| <input type="checkbox"/> Nutrition | <input type="checkbox"/> Handling of Biologics | <input type="checkbox"/> Health Certificates |
| <input type="checkbox"/> Other (specify) _____ | | |

SECTION VI. CERTIFICATION OF AGREEMENT FOR CALENDAR YEAR 20 ____ .

The attending veterinarian shall establish, maintain and supervise programs of disease prevention and control, pest and parasite control, pre-procedural and post-procedural care, nutrition, euthanasia and adequate veterinary care for all dogs and cats on the premises of the licensee/registrant. This program shall be reviewed on an annual basis. This program requires regularly scheduled visits to the premises by the attending veterinarian. Scheduled visits are required to monitor animal health and husbandry. These visits shall occur at the following frequency _____ during _____ Specify month(s). Minimum annually.

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.

| | |
|----------------------------------|------|
| SIGNATURE OF LICENSEE/REGISTRANT | DATE |
| SIGNATURE OF VETERINARIAN | DATE |