



STATE OF MISSOURI
DEPARTMENT OF AGRICULTURE
DIVISION OF ANIMAL HEALTH

LARGE CARNIVORE PROGRAM OF VETERINARY CARE

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

A. LICENSEE/REGISTANT			B. VETERINARIAN		
NAME:			NAME:		
BUSINESS NAME:			BUSINESS NAME:		
PERMIT NO.:			STATE LICENSE NO.:		
MAILING ADDRESS:			MAILING ADDRESS:		
CITY:	STATE:	ZIP:	CITY:	STATE:	ZIP:
TELEPHONE NUMBER:			TELEPHONE NUMBER:		
EMAIL:			EMAIL:		

SECTION II. VACCINATIONS - SPECIFY TYPE/WHEN GIVEN, FOLLOW-UP TREATMENTS

SECTION III. EMERGENCY CARE AND EUTHANASIA - DESCRIBE CARE PROVISIONS, INCLUDING WEEKENDS/HOLIDAYS

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 ATTENDING VETERINARIAN.

METHOD(S) OF EUTHANASIA TO BE USED:

SECTION IV. 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 large carnivores on the premises of the licensee/registrant. This program requires regularly scheduled visits to the premises by the attending veterinarian to monitor animal health and husbandry and These visits shall occur at the following frequency (minimum annually) _____ during _____ (months). This program of veterinary care shall be reviewed on an annual basis.

I have read and completed the Program of Veterinary Care and understand my responsibilities.

SIGNATURE OF LICENSEE/REGISTRANT:	DATE:
SIGNATURE OF VETERINARIAN:	DATE:

NOTE: If space provided in this form is not adequate for a specific topic, additional sheets may be added. Please specify Section and Item.