

**From:** [APHIS-AnimalCare](#)  
**To:** [Gowins, Jessica - APHIS](#)  
**Subject:** RE: Change in AV and IACUC Chair  
**Date:** Monday, February 8, 2021 11:46:00 AM

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Hi,

I will take this one as I am checking this box this week!

Have a great day!!

Sincerely,

Emily Fausch  
Inspection & Licensing Specialist  
Program Support  
USDA APHIS Animal Care  
Phone: (970) 494-7478

**Please send all paperwork to our new mailing address:**

Fort Collins: 2150 Centre Ave., **Building B, 3W11**, Fort Collins CO, 80526

**Our previous email addresses have been combined. For future communication, please use:**

Email: [Animalcare@usda.gov](mailto:Animalcare@usda.gov)

[Join the Animal Care Stakeholder Registry and receive emails on topics of interest](#)

We are happy to announce that we have introduced an online self-service tool to assist you in determining the appropriate application to complete as required under the Animal Welfare Act (AWA).

Visit [efile.aphis.usda.gov/LRAssistant](https://efile.aphis.usda.gov/LRAssistant) to complete

---

**From:** Gowins, Jessica - APHIS <jessica.gowins@usda.gov>  
**Sent:** Monday, February 8, 2021 8:21 AM  
**To:** APHIS-AnimalCare <AnimalCare@usda.gov>  
**Cc:** [REDACTED]@bwefinc.com; [REDACTED]@bwefinc.com  
**Subject:** FW: Change in AV and IACUC Chair

Good Morning,

I received notification of change for the Attending Veterinarian and IACUC Chair for CID# 701. If you have additional questions, please reach out to (b) (6), (b) (7)(C) or (b) (6), (b) (7)(C), who are Cc'd on this email.

Thank you,

Jessica Gowins, DVM, MS  
Veterinary Medical Officer  
USDA APHIS Animal Care  
Mobile: (603) 213-2580  
Email: [Jessica.Gowins@usda.gov](mailto:Jessica.Gowins@usda.gov)

---

**From:** (b) (6), (b) (7)(C) <[\[REDACTED\]@bwefinc.com](mailto:[REDACTED]@bwefinc.com)>  
**Sent:** Friday, February 5, 2021 1:16 PM  
**To:** Gowins, Jessica - APHIS <[jessica.gowins@usda.gov](mailto:jessica.gowins@usda.gov)>  
**Cc:** (b) (6), (b) (7)(C) <[\[REDACTED\]@bwefinc.com](mailto:[REDACTED]@bwefinc.com)>  
**Subject:** Change in AV and IACUC Chair

**From:** [APHIS-AnimalCare](#)  
**To:** [Fausch, Emily R - APHIS](#)  
**Subject:** FW: Change in AV and IACUC Chair  
**Date:** Monday, February 8, 2021 11:46:00 AM  
**Attachments:** [BWEF USDA Notice 2-1-21 \(1\).pdf](#)

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Thank you,

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**Subject:** Change in AV and IACUC Chair



Barton's West End Farms, Inc 576 Townsbury Rd. Great Meadows NJ 07838 908-637-4427 Fax 908-637-4268  
[bwef@bwefinc.com](mailto:bwef@bwefinc.com)

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February 1, 2021

USDA/APHIS/AC  
2150 Centre Ave.  
Building B, Mailstop 3W11  
Fort Collins, CO 80526-8117  
E-mail: [animalcare@usda.gov](mailto:animalcare@usda.gov)  
Phone: (970) 494-7478  
Fax: (970) 494-7461

RE: USDA License # 22-B-0002, Research Cert # 22-R-0147

Dear USDA Animal Care Leadership,

I am hereby informing you of a recent reorganization of the management of our company.

I, (b) (6), (b) (7)(C) of Barton's West End Farms Inc., shall heretofore act as the company's Institutional Official. (IO). I have also appointed (b) (6), (b) (7)(C) to replace (b) (6), (b) (7)(C) as our Attending Veterinarian and (b) (6), (b) (7)(C) to replace (b) (6), (b) (7)(C) as our IACUC chairperson. I have made these changes effective Wednesday, January 27, 2021. Attached you will find more detailed contact information regarding these persons/positions. I have also included an updated version of our Program of Veterinary Care for your reference.

Thank you for your assistance in this transition. If there is anything you would like to talk to me about, please contact me with any questions you may have. I may be reached at (b) (6), (b) (7)(C)@bwefinc.com or at the number indicated above.

Kind Regards,

(b) (6), (b) (7)(C)

Barton's West End Farms Inc.

cc: Jessica Gowins, DVM, MS  
Veterinary Medical Officer  
via email: [Jessica.Gowins@usda.gov](mailto:Jessica.Gowins@usda.gov)



Barton's West End Farms, Inc 576 Townsbury Rd. Great Meadows NJ 07838 908-637-4427 Fax 908-637-4268  
[bwef@bwefinc.com](mailto:bwef@bwefinc.com)

1. Contact Correspondent

Name:	(b) (6), (b) (7)(C)
Degrees(s)/Certification(s):	(b) (6), (b) (7)(C)
Job Title:	(b) (6), (b) (7)(C)
Organization:	Barton's West End Farms Inc.
Mailing Address 1:	576 Townsbury Road
City, State/Province, Zip Code:	Great Meadows, NJ 07838
Country:	USA
Telephone:	(908) 637-4427
Fax:	(908) 637-4268
Email:	(b) (6), (b) (7)(C)@bwefinc.com

2. Institutional Official

Name:	(b) (6), (b) (7)(C)
Degrees(s)/Certification(s):	(b) (6), (b) (7)(C)
Job Title:	(b) (6), (b) (7)(C)
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Fax:	(908) 637-4268
Email:	(b) (6), (b) (7)(C)@bwefinc.com

3. Attending Veterinarian

Name:	(b) (6), (b) (7)(C)
Degrees(s)/Certification(s):	(b) (6), (b) (7)(C)
Job Title:	(b) (6), (b) (7)(C)
Organization:	Barton's West End Farms Inc.
Mailing Address 1:	161 Janes Chapel Road
City, State/Province, Zip Code:	Oxford, NJ 07863
Country:	USA
Telephone:	(908) 637-4427
Fax:	(908) 637-4268
Email:	(b) (6), (b) (7)(C)@bwefinc.com
Mobile Phone:	(b) (6), (b) (7)(C)

4. IACUC Chairperson

Name:	(b) (6), (b) (7)(C)
Degrees(s)/Certification(s):	(b) (6), (b) (7)(C)
Job Title:	(b) (6), (b) (7)(C)
Organization:	Barton's West End Farms Inc.
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Mobile Phone:	(b) (6), (b) (7)(C)

UNITED STATES DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE  
ANIMAL CARE

PROGRAM OF VETERINARY CARE

INSTRUCTIONS

For use of this form, see 9 CFR 2.40 (Animal Welfare Regulations, Title 9, Subchapter A, Part III, Subpart D, Section 2.40)

The attending veterinarian 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 animals on the premises of the licensee/registrant. A written program of adequate veterinary care between the licensee/registrant and the doctor of veterinary medicine shall be established. By law, such programs must include regularly scheduled visits to the premises by the veterinarian. Scheduled visits are required to monitor animal health and husbandry.

This optional form or an equivalent format may be used to meet the requirement for a written Program of Veterinary Care. This form may be used as a guideline for developing and writing the veterinary care plan for your animals.

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. Ensure the additional sheets include Section and Item Numbers.

PAGE  
1 of 4

SECTION I. PROGRAM ESTABLISHMENT

A. LICENSEE/REGISTRANT		B. VETERINARIAN
1. NAME (b) (6), (b) (7)(C)		1. NAME
2. BUSINESS NAME Barton's West End Farms Inc.		2. CLINIC NAME Barton's West End Farms Inc.
3. USDA LICENSE/REGISTRATION NUMBER 22-B-0002		3. STATE LICENSE NUMBER NJ 29VI00316400
4. STREET MAILING ADDRESS 161 Janes Chapel Road		4. BUSINESS ADDRESS 161 Janes Chapel Road
5. CITY, STATE, AND ZIP CODE Oxford, NJ 07863		5. CITY, STATE, AND ZIP CODE Oxford, NJ 07863
6. HOME TELEPHONE	7. BUSINESS TELEPHONE 908-637-4427	6. BUSINESS TELEPHONE 908-637-4427

We have read and completed this Program of Veterinary Care and understand our responsibilities.

Regularly scheduled visits by the veterinarian will occur at the following frequency: weekly, unless emergency

C. NOTES:



☐ check if not applicable

## SECTION II. DOGS AND CATS

PAGE 2 of 4

### A. VACCINATIONS – SPECIFY THE FREQUENCY OF VACCINATION FOR THE FOLLOWING DISEASES

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

### B. PARASITE CONTROL PROGRAM – DESCRIBE THE FREQUENCY OF SAMPLING OR TREATMENT FOR THE FOLLOWING

#### 1. ECTOPARASITES (fleas, ticks, mites, lice, flies)

All incoming animals receive a physical and are observed daily by the Vet Staff. If required, Ivermectin is used as the antihelminthic.

#### 2. BLOOD PARASITES (heartworm, Babesia, Ehrlichia, other)

The various species are held in a closed colony. Testing for blood parasites are on an individual basis based on clinical signs.

#### 3. INTESTINAL PARASITES (fecals, deworming)

If clinical signs warrant fecal flotation will be done and if required de-worming will be with either Ivermectin, Fenbendazole or Pyrantel Pamoate

### C. EMERGENCY CARE – DESCRIBE PROVISIONS FOR EMERGENCY, WEEKEND, AND HOLIDAY CARE

The veterinary staff provides coverage 24/7. There is always someone present or on call.

### D. EUTHANASIA

1. SICK, DISEASED, INJURED, OR LAME ANIMALS SHALL BE PROVIDED WITH VETERINARY CARE OR EUTHANIZED. LICENSEES AND REGISTRANTS, IN CONSULTATION WITH THEIR ATTENDING VETERINARIANS, CAN USE METHODS OF EUTHANASIA THAT MEET THE DEFINITION OF EUTHANASIA IN THE ANIMAL WELFARE REGULATIONS, WHICH ALLOWS FOR THE USE OF HUMANE METHODS THAT EITHER:

- PRODUCE RAPID UNCONSCIOUSNESS AND SUBSEQUENT DEATH WITHOUT EVIDENCE OF PAIN OR DISTRESS, OR
- UTILIZE ANESTHESIA PRODUCED BY AN AGENT THAT CAUSES PAINLESS LOSS OF CONSCIOUSNESS AND SUBSEQUENT DEATH.

APPROPRIATE METHODS MAY INCLUDE, BUT ARE NOT LIMITED TO, THOSE DESCRIBED IN THE "AVMA GUIDELINES FOR EUTHANASIA OF ANIMALS".

EUTHANASIA WILL BE CARRIED OUT BY THE: ☒ VETERINARIAN ☐ LICENSEE/REGISTRANT

#### 2. METHOD(S) OF EUTHANASIA

In accordance with AVMA guidelines for Euthanasia of animals: 2013 - Unless moribund, the animal will be Euthanized ONLY while under Anesthesia.

### E. ADDITIONAL PROGRAM TOPICS – THE FOLLOWING TOPICS HAVE BEEN DISCUSSED IN THE FORMULATION OF THE PROGRAM OF VETERINARY CARE:

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> CONGENITAL CONDITIONS        | <input checked="" type="checkbox"/> EXERCISE PLAN (dogs)                   |
| <input checked="" type="checkbox"/> QUARANTINE CONDITIONS        | <input checked="" type="checkbox"/> PROPER HANDLING OF BIOLOGICS           |
| <input checked="" type="checkbox"/> NUTRITION                    | <input type="checkbox"/> VENEREAL DISEASES                                 |
| <input type="checkbox"/> ANTHELMINTIC ALTERNATION                | <input checked="" type="checkbox"/> PEST CONTROL AND PRODUCT SAFETY        |
| <input checked="" type="checkbox"/> OTHER (specify) <u>OHSPx</u> | <input checked="" type="checkbox"/> PROPER USE OF ANALGESICS AND SEDATIVES |

☐ check if not applicable

SECTION III. WILD AND EXOTIC ANIMALS

PAGE  
3 of 4

A. VACCINATIONS – LIST THE DISEASES FOR WHICH VACCINATIONS ARE PERFORMED AND THE FREQUENCY OF THE VACCINATIONS (enter N/A if not applicable)

CARNIVORES

HOOVED STOCK

PRIMATES

Possibly Measels, Hepatitis A vaccines

ELEPHANTS

MARINE MAMMALS

OTHER (specify)

B. PARASITE CONTROL PROGRAM – DESCRIBE THE FREQUENCY OF SAMPLING OR TREATMENT FOR THE FOLLOWING

1. ECTOPARASITES (fleas, ticks, mites, lice, flies)

This being an indoor facility, the probability of external parasites is small. If a parasite is discovered that and all closely associated animals will be treated.

2. BLOOD PARASITES

N/A

3. INTESTINAL PARASITES

All animals going through quarantine are tested and annual spot checks are also completed.

C. EMERGENCY CARE

1. DESCRIBE PROVISIONS FOR EMERGENCY, WEEKEND, AND HOLIDAY CARE

Emergency veterinary coverage is provided by the Vet Staff and backed up by a local Veterinarian Dr. Cindy Weagley.

2. DESCRIBE CAPTURE AND RESTRAINT METHOD(S)

A capture gun will be utilized.

D. EUTHANASIA

1. SICK, DISEASED, INJURED, OR LAME ANIMALS SHALL BE PROVIDED WITH VETERINARY CARE OR EUTHANIZED. LICENSEES AND REGISTRANTS, IN CONSULTATION WITH THEIR ATTENDING VETERINARIANS, CAN USE METHODS OF EUTHANASIA THAT MEET THE DEFINITION OF EUTHANASIA IN THE ANIMAL WELFARE REGULATIONS, WHICH ALLOWS FOR THE USE OF HUMANE METHODS THAT EITHER:

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EUTHANASIA WILL BE CARRIED OUT BY THE: ☒ VETERINARIAN ☐ LICENSEE/REGISTRANT

2. METHOD(S) OF EUTHANASIA

In accordance with the AVMA guidelines for the Euthanasia of animals: 2013 unless moribund, the animal will be anesthetized.

E. ADDITIONAL PROGRAM TOPICS – THE FOLLOWING TOPICS HAVE BEEN DISCUSSED IN THE FORMULATION OF THE PROGRAM OF VETERINARY CARE:

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> PEST CONTROL AND PRODUCT SAFETY | <input checked="" type="checkbox"/> ENVIRONMENT ENHANCEMENT (primates)                 |
| <input checked="" type="checkbox"/> QUARANTINE PROCEDURES           | <input type="checkbox"/> WATER QUALITY (marine mammals)                                |
| <input checked="" type="checkbox"/> ZOOZOSES                        | <input checked="" type="checkbox"/> SPECIES-SPECIFIC BEHAVIORS                         |
| <input checked="" type="checkbox"/> OTHER (specify) OHSP            | <input checked="" type="checkbox"/> PROPER STORAGE AND HANDLING OF DRUGS AND BIOLOGICS |
|   | <input checked="" type="checkbox"/> PROPER USE OF ANALGESICS AND SEDATIVES             |

F. LIST THE SPECIES SUBJECTED TO TUBERCULOSIS TESTING AND THE FREQUENCY OF SUCH TESTS

"Non-Human Primates"



☐ check if not applicable

SECTION IV. OTHER WARMBLOODED ANIMALS

PAGE

4 of 4

A. INDICATE SPECIES

Porcine, Bovine and Caprine

B. VACCINATIONS – LIST THE DISEASES FOR WHICH VACCINATIONS ARE PERFORMED AND THE FREQUENCY (enter N/A if not applicable)

See Attached Page

C. PARASITE CONTROL PROGRAM – DESCRIBE THE FREQUENCY OF SAMPLING OR TREATMENT FOR THE FOLLOWING

1. ECTOPARASITES (fleas, ticks, mites, lice, flies)

Daily

2. INTERNAL PARASITES (Helminths, Coccidia, other)

Six months fecal flotation & Prophylactic Treatments (Fenbendazole or Ivermectin)

D. EMERGENCY CARE – DESCRIBE PROVISIONS FOR EMERGENCY, WEEKEND, AND HOLIDAY CARE

The veterinary staff provides coverage 24/7. There is always someone present or on call.

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EUTHANASIA WILL BE CARRIED OUT BY THE: ☒ VETERINARIAN

☐ LICENSEE/REGISTRANT

2. METHOD(S) OF EUTHANASIA

In accordance with AVMA guidelines for Euthanasia of animals: 2020 - Unless moribund, the animal will be Euthanized ONLY while under Anesthesia.

F. ADDITIONAL PROGRAM TOPICS – THE FOLLOWING TOPICS HAVE BEEN DISCUSSED IN THE FORMULATION OF THE PROGRAM OF VETERINARY CARE:

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> PASTEURELLOSIS             | <input checked="" type="checkbox"/> SPECIES SEPARATION              |
| <input type="checkbox"/> PODODERMATITIS                        | <input type="checkbox"/> MALOCCLUSION/OVERGROWN INCISORS            |
| <input type="checkbox"/> CANNIBALISM                           | <input checked="" type="checkbox"/> PEST CONTROL AND PRODUCT SAFETY |
| <input type="checkbox"/> WET TAIL                              | <input checked="" type="checkbox"/> HANDLING                        |
| <input type="checkbox"/> OTHER (specify) <u>PRRS, SIV, ASF</u> |   |

**From:** [Gowins, Jessica - APHIS](#)  
**To:** [APHIS-AnimalCare](#)  
**Cc:** [\(b\) \(6\), \(b\) \(7\)\(C\) @bwefinc.com](#) [\(b\) \(6\), \(b\) \(7\)\(C\) @bwefinc.com](#)  
**Subject:** FW: Change in AV and IACUC Chair  
**Date:** Monday, February 8, 2021 10:22:07 AM  
**Attachments:** [BWEF USDA Notice 2-1-21 \(1\).pdf](#)

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Thank you,

Jessica Gowins, DVM, MS  
Veterinary Medical Officer  
USDA APHIS Animal Care  
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February 1, 2021

USDA/APHIS/AC  
2150 Centre Ave.  
Building B, Mailstop 3W11  
Fort Collins, CO 80526-8117  
E-mail: [animalcare@usda.gov](mailto:animalcare@usda.gov)  
Phone: (970) 494-7478  
Fax: (970) 494-7461

RE: USDA License # 22-B-0002, Research Cert # 22-R-0147

Dear USDA Animal Care Leadership,

I am hereby informing you of a recent reorganization of the management of our company.

I, (b) (6), (b) (7)(C) of Barton's West End Farms Inc., shall heretofore act as the company's Institutional Official. (IO). I have also appointed (b) (6), (b) (7)(C) to replace (b) (6), (b) (7)(C) as our Attending Veterinarian and (b) (6), (b) (7)(C) to replace (b) (6), (b) (7)(C) as our IACUC chairperson. I have made these changes effective Wednesday, January 27, 2021. Attached you will find more detailed contact information regarding these persons/positions. I have also included an updated version of our Program of Veterinary Care for your reference.

Thank you for your assistance in this transition. If there is anything you would like to talk to me about, please contact me with any questions you may have. I may be reached at (b) (6), (b) (7)(C)@bwefinc.com or at the number indicated above.

Kind Regards

(b) (6), (b) (7)(C)

Barton's West End Farms Inc.

cc: Jessica Gowins, DVM, MS  
Veterinary Medical Officer  
via email: [Jessica.Gowins@usda.gov](mailto:Jessica.Gowins@usda.gov)



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1. Contact Correspondent

Name:	(b) (6), (b) (7)(C)
Degrees(s)/Certification(s):	
Job Title:	
Organization:	Barton's West End Farms Inc.
Mailing Address 1:	576 Townsbury Road
City, State/Province, Zip Code:	Great Meadows, NJ 07838
Country:	USA
Telephone:	(908) 637-4427
Fax:	(908) 637-4268
Email:	(b) (6), (b) (7)(C)@bwefinc.com

2. Institutional Official

Name:	(b) (6), (b) (7)(C)
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Organization:	Barton's West End Farms Inc.
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Country:	USA
Telephone:	(908) 637-4427
Fax:	(908) 637-4268
Email:	(b) (6), (b) (7)(C)@bwefinc.com

3. Attending Veterinarian

Name:	(b) (6), (b) (7)(C)
Degrees(s)/Certification(s):	
Job Title:	
Organization:	Barton's West End Farms Inc.
Mailing Address 1:	161 Janes Chapel Road
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Telephone:	(908) 637-4427
Fax:	(908) 637-4268
Email:	(b) (6), (b) (7)(C)@bwefinc.com
Mobile Phone:	(b) (6), (b) (7)(C)

4. IACUC Chairperson

Name:	(b) (6), (b) (7)(C)
Degrees(s)/Certification(s):	
Job Title:	
Organization:	Barton's West End Farms Inc.
Mailing Address 1:	161 Janes Chapel Road
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UNITED STATES DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE  
ANIMAL CARE

PROGRAM OF VETERINARY CARE

INSTRUCTIONS

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1 of 4

SECTION I. PROGRAM ESTABLISHMENT

A. LICENSEE/REGISTRANT		B. VETERINARIAN
1. NAME (b) (6), (b) (7)(C)		1. NAME
2. BUSINESS NAME Barton's West End Farms Inc.		2. CLINIC NAME Barton's West End Farms Inc.
3. USDA LICENSE/REGISTRATION NUMBER 22-B-0002		3. STATE LICENSE NUMBER NJ 29VI00316400
4. STREET MAILING ADDRESS 161 Janes Chapel Road		4. BUSINESS ADDRESS 161 Janes Chapel Road
5. CITY, STATE, AND ZIP CODE Oxford, NJ 07863		5. CITY, STATE, AND ZIP CODE Oxford, NJ 07863
6. HOME TELEPHONE	7. BUSINESS TELEPHONE 908-637-4427	6. BUSINESS TELEPHONE 908-637-4427

We have read and completed this Program of Veterinary Care and understand our responsibilities.

Regularly scheduled visits by the veterinarian will occur at the following frequency: weekly, unless emergency

C. NOTES:



☐ check if not applicable

## SECTION II. DOGS AND CATS

PAGE 2 of 4

### A. VACCINATIONS – SPECIFY THE FREQUENCY OF VACCINATION FOR THE FOLLOWING DISEASES

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

### B. PARASITE CONTROL PROGRAM – DESCRIBE THE FREQUENCY OF SAMPLING OR TREATMENT FOR THE FOLLOWING

#### 1. ECTOPARASITES (fleas, ticks, mites, lice, flies)

All incoming animals receive a physical and are observed daily by the Vet Staff. If required, Ivermectin is used as the antihelminthic.

#### 2. BLOOD PARASITES (heartworm, Babesia, Ehrlichia, other)

The various species are held in a closed colony. Testing for blood parasites are on an individual basis based on clinical signs.

#### 3. INTESTINAL PARASITES (fecals, deworming)

If clinical signs warrant fecal flotation will be done and if required de-worming will be with either Ivermectin, Fenbendazole or Pyrantel Pamoate

### C. EMERGENCY CARE – DESCRIBE PROVISIONS FOR EMERGENCY, WEEKEND, AND HOLIDAY CARE

The veterinary staff provides coverage 24/7. There is always someone present or on call.

### D. EUTHANASIA

1. SICK, DISEASED, INJURED, OR LAME ANIMALS SHALL BE PROVIDED WITH VETERINARY CARE OR EUTHANIZED. LICENSEES AND REGISTRANTS, IN CONSULTATION WITH THEIR ATTENDING VETERINARIANS, CAN USE METHODS OF EUTHANASIA THAT MEET THE DEFINITION OF EUTHANASIA IN THE ANIMAL WELFARE REGULATIONS, WHICH ALLOWS FOR THE USE OF HUMANE METHODS THAT EITHER:

- PRODUCE RAPID UNCONSCIOUSNESS AND SUBSEQUENT DEATH WITHOUT EVIDENCE OF PAIN OR DISTRESS, OR
- UTILIZE ANESTHESIA PRODUCED BY AN AGENT THAT CAUSES PAINLESS LOSS OF CONSCIOUSNESS AND SUBSEQUENT DEATH.

APPROPRIATE METHODS MAY INCLUDE, BUT ARE NOT LIMITED TO, THOSE DESCRIBED IN THE "AVMA GUIDELINES FOR EUTHANASIA OF ANIMALS".

EUTHANASIA WILL BE CARRIED OUT BY THE: ☒ VETERINARIAN ☐ LICENSEE/REGISTRANT

#### 2. METHOD(S) OF EUTHANASIA

In accordance with AVMA guidelines for Euthanasia of animals: 2013 - Unless moribund, the animal will be Euthanized ONLY while under Anesthesia.

### E. ADDITIONAL PROGRAM TOPICS – THE FOLLOWING TOPICS HAVE BEEN DISCUSSED IN THE FORMULATION OF THE PROGRAM OF VETERINARY CARE:

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> CONGENITAL CONDITIONS        | <input checked="" type="checkbox"/> EXERCISE PLAN (dogs)                   |
| <input checked="" type="checkbox"/> QUARANTINE CONDITIONS        | <input checked="" type="checkbox"/> PROPER HANDLING OF BIOLOGICS           |
| <input checked="" type="checkbox"/> NUTRITION                    | <input type="checkbox"/> VENEREAL DISEASES                                 |
| <input type="checkbox"/> ANTHELMINTIC ALTERNATION                | <input checked="" type="checkbox"/> PEST CONTROL AND PRODUCT SAFETY        |
| <input checked="" type="checkbox"/> OTHER (specify) <u>OHSPx</u> | <input checked="" type="checkbox"/> PROPER USE OF ANALGESICS AND SEDATIVES |

☐ check if not applicable

SECTION III. WILD AND EXOTIC ANIMALS

PAGE  
3 of 4

A. VACCINATIONS – LIST THE DISEASES FOR WHICH VACCINATIONS ARE PERFORMED AND THE FREQUENCY OF THE VACCINATIONS (enter N/A if not applicable)

CARNIVORES

HOOVED STOCK

PRIMATES

Possibly Measels, Hepatitis A vaccines

ELEPHANTS

MARINE MAMMALS

OTHER (specify)

B. PARASITE CONTROL PROGRAM – DESCRIBE THE FREQUENCY OF SAMPLING OR TREATMENT FOR THE FOLLOWING

1. ECTOPARASITES (fleas, ticks, mites, lice, flies)

This being an indoor facility, the probability of external parasites is small. If a parasite is discovered that and all closely associated animals will be treated.

2. BLOOD PARASITES

N/A

3. INTESTINAL PARASITES

All animals going through quarantine are tested and annual spot checks are also completed.

C. EMERGENCY CARE

1. DESCRIBE PROVISIONS FOR EMERGENCY, WEEKEND, AND HOLIDAY CARE

Emergency veterinary coverage is provided by the Vet Staff and backed up by a local Veterinarian Dr. Cindy Weagley.

2. DESCRIBE CAPTURE AND RESTRAINT METHOD(S)

A capture gun will be utilized.

D. EUTHANASIA

1. SICK, DISEASED, INJURED, OR LAME ANIMALS SHALL BE PROVIDED WITH VETERINARY CARE OR EUTHANIZED. LICENSEES AND REGISTRANTS, IN CONSULTATION WITH THEIR ATTENDING VETERINARIANS, CAN USE METHODS OF EUTHANASIA THAT MEET THE DEFINITION OF EUTHANASIA IN THE ANIMAL WELFARE REGULATIONS, WHICH ALLOWS FOR THE USE OF HUMANE METHODS THAT EITHER:

- PRODUCE RAPID UNCONSCIOUSNESS AND SUBSEQUENT DEATH WITHOUT EVIDENCE OF PAIN OR DISTRESS, OR
- UTILIZE ANESTHESIA PRODUCED BY AN AGENT THAT CAUSES PAINLESS LOSS OF CONSCIOUSNESS AND SUBSEQUENT DEATH.

APPROPRIATE METHODS MAY INCLUDE, BUT ARE NOT LIMITED TO, THOSE DESCRIBED IN THE "AVMA GUIDELINES FOR EUTHANASIA OF ANIMALS".

EUTHANASIA WILL BE CARRIED OUT BY THE: ☒ VETERINARIAN ☐ LICENSEE/REGISTRANT

2. METHOD(S) OF EUTHANASIA

In accordance with the AVMA guidelines for the Euthanasia of animals: 2013 unless moribund, the animal will be anesthetized.

E. ADDITIONAL PROGRAM TOPICS – THE FOLLOWING TOPICS HAVE BEEN DISCUSSED IN THE FORMULATION OF THE PROGRAM OF VETERINARY CARE:

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> PEST CONTROL AND PRODUCT SAFETY | <input checked="" type="checkbox"/> ENVIRONMENT ENHANCEMENT (primates)                 |
| <input checked="" type="checkbox"/> QUARANTINE PROCEDURES           | <input type="checkbox"/> WATER QUALITY (marine mammals)                                |
| <input checked="" type="checkbox"/> ZOOZOSES                        | <input checked="" type="checkbox"/> SPECIES-SPECIFIC BEHAVIORS                         |
| <input checked="" type="checkbox"/> OTHER (specify) OHSP            | <input checked="" type="checkbox"/> PROPER STORAGE AND HANDLING OF DRUGS AND BIOLOGICS |
|   | <input checked="" type="checkbox"/> PROPER USE OF ANALGESICS AND SEDATIVES             |

F. LIST THE SPECIES SUBJECTED TO TUBERCULOSIS TESTING AND THE FREQUENCY OF SUCH TESTS

"Non-Human Primates"

☐ check if not applicable

SECTION IV. OTHER WARMBLOODED ANIMALS

PAGE 4 of 4

A. INDICATE SPECIES

Porcine, Bovine and Caprine

B. VACCINATIONS – LIST THE DISEASES FOR WHICH VACCINATIONS ARE PERFORMED AND THE FREQUENCY (enter N/A if not applicable)

See Attached Page

C. PARASITE CONTROL PROGRAM – DESCRIBE THE FREQUENCY OF SAMPLING OR TREATMENT FOR THE FOLLOWING

1. ECTOPARASITES (fleas, ticks, mites, lice, flies)

Daily

2. INTERNAL PARASITES (Helminths, Coccidia, other)

Six months fecal flotation & Prophylactic Treatments (Fenbendazole or Ivermectin)

D. EMERGENCY CARE – DESCRIBE PROVISIONS FOR EMERGENCY, WEEKEND, AND HOLIDAY CARE

The veterinary staff provides coverage 24/7. There is always someone present or on call.

E. EUTHANASIA

1. SICK, DISEASED, INJURED, OR LAME ANIMALS SHALL BE PROVIDED WITH VETERINARY CARE OR EUTHANIZED. LICENSEES AND REGISTRANTS, IN CONSULTATION WITH THEIR ATTENDING VETERINARIANS, CAN USE METHODS OF EUTHANASIA THAT MEET THE DEFINITION OF EUTHANASIA IN THE ANIMAL WELFARE REGULATIONS, WHICH ALLOWS FOR THE USE OF HUMANE METHODS THAT EITHER:

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APPROPRIATE METHODS MAY INCLUDE, BUT ARE NOT LIMITED TO, THOSE DESCRIBED IN THE "AVMA GUIDELINES FOR EUTHANASIA OF ANIMALS".

EUTHANASIA WILL BE CARRIED OUT BY THE: ☒ VETERINARIAN ☐ LICENSEE/REGISTRANT

2. METHOD(S) OF EUTHANASIA

In accordance with AVMA guidelines for Euthanasia of animals: 2020 - Unless moribund, the animal will be Euthanized ONLY while under Anesthesia.

F. ADDITIONAL PROGRAM TOPICS – THE FOLLOWING TOPICS HAVE BEEN DISCUSSED IN THE FORMULATION OF THE PROGRAM OF VETERINARY CARE:

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> PASTEURELLOSIS             | <input checked="" type="checkbox"/> SPECIES SEPARATION              |
| <input type="checkbox"/> PODODERMATITIS                        | <input type="checkbox"/> MALOCCLUSION/OVERGROWN INCISORS            |
| <input type="checkbox"/> CANNIBALISM                           | <input checked="" type="checkbox"/> PEST CONTROL AND PRODUCT SAFETY |
| <input type="checkbox"/> WET TAIL                              | <input checked="" type="checkbox"/> HANDLING                        |
| <input type="checkbox"/> OTHER (specify) <u>PRRS, SIV, ASF</u> |   |