From: <u>APHIS-AnimalCare</u>
To: <u>Gowins, Jessica - APHIS</u>

Subject: RE: Change in AV and IACUC Chair

Date: Monday, February 8, 2021 11:46:00 AM

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

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 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** @bwefinc.com; @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: <u>Jessica.Gowins@usda.gov</u>

From: (b) (6), (b) (7)(C) @bwefinc.com>

Sent: Friday, February 5, 2021 1:16 PM

To: Gowins, Jessica - APHIS < <u>jessica.gowins@usda.gov</u>>

Cc: (b) (6), (b) (7)(C) @bwefinc.com>
Subject: Change in AV and IACUC Chair

From: <u>APHIS-AnimalCare</u>
To: <u>Fausch, Emily R - APHIS</u>

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

From: Gowins, Jessica - APHIS < jessica.gowins@usda.gov>

Sent: Monday, February 8, 2021 8:21 AM

To: APHIS-AnimalCare <AnimalCare@usda.gov> **Cc** @bwefinc.com; @bwefinc.com

Subject: FW: Change in AV and IACUC Chair

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Email: <u>Jessica.Gowins@usda.gov</u>

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Sent: Friday, February 5, 2021 1:16 PM

To: Gowins, Jessica - APHIS < <u>jessica.gowins@usda.gov</u>>

Cc: (b) (6), (b) (7)(C) @bwefinc.com>
Subject: Change in AV and IACUC Chair





February 1, 2021

USDA/APHIS/AC 2150 Centre Ave. Building B, Mailstop 3W11 Fort Collins, CO 80526-8117 E-mail: animalcare@usda.gov

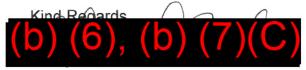
Phone: (970) 494-7478 Fax: (970) 494-7461

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.



Barton's West End Farms Inc.

cc: Jessica Gowins, DVM, MS

Veterinary Medical Officer

via email: Jessica.Gowins@usda.gov





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) (7)(C) (C) (C) (D) bwefinc.com

2. Institutional Official

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		

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
City, State/Province, Zip Code:	Oxford, NJ 07863
Country:	USA
Telephone:	(908) 637-4427
Fax:	(908) 637-4268
Email:	@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
City, State/Province, Zip Code:	Oxford, NJ 07863
Country:	USA
Telephone:	(908) 637-4427
Fax:	(908) 637-4268
Email:	(b) (6), (b) (7)(C)
Mobile Phone:	
	Obtained by Dice for Anim

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0036. The time required to complete this information collection is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

OMB APPROVED 0579-0036 Exp.: 10/31/2018

UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEATH 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, preprocedural 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. PRO	OGRAM ESTABLISHMENT	•
A. LICENSEE	E/REGISTRANT	B. VETERINARIA	AN
. NAME		1. NAME	
(b) (6), (b) (7)(C)			
2. BUSINESS NAME		2. CLINIC NAME	
Barton's West End Farn	ns Inc.	Barton's West End Farms Inc	С.
3. USDA LICENSE/REGISTRATION NUM	IBER	3. STATE LICENSE NUMBER	
22-B-0002		NJ 29VI00316400	
4. STREET MAILING ADDRESS		4. BUSINESS ADDRESS	
161 Janes Chapel Road		161 Janes Chapel Road	
5. CITY, STATE, AND ZIP CODE		5. CITY, STATE, AND ZIP CODE	
Oxford, NJ 07863		Oxford, NJ 07863	
6. HOME TELEPHONE 7. BUSINESS TELEPHONE		6. BUSINESS TELEPHONE	
	908-637-4427	908-637-4427	
We have r	read and completed this Program	of Veterinary Care and understand our responsibili	ities.
Regularly schedule	d visits by the veterinarian will oc	cur at the following frequency: weekly, unless e	mergency .
C. NOTES:			

check if not applicable	SE	ECTION II.	OOGS AND CATS	PAGE 2 of 4	
A. VACCINATIONS - SPECIFY THE FF	REQUENCY OF VACCINAT	ION FOR THE	FOLLOWING DISEASES		
C	ANINE			FELINE	
DADYOV/IDUS	JUVENILE	ADULT	DANI EUR	JUVENILE AD	ULT
PARVOVIRUS			PANLEUK		
DISTEMPER			RESP. VIRUSES		
HEPATITIS			RABIES		
LEPTOSPIROSIS			OTHER (specify)		
RABIES				AAAAMAAAAAAA WAXAAAA	
BORDETELLA					
OTHER (specify)					
B. PARASITE CONTROL PROGRAM -	DESCRIBE THE FREQUE	NCY OF SAMP	ING OR TREATMENT FOR THE F	OLLOWING	
INTESTINAL PARASITES (fecals, dew.				tin Fankandanda a Durantal Daman	
If clinical signs warrant fecal flota	tion will be done and if re	equired de-wo	rming will be with either Ivermed	tin, Fenbendazole or Pyrantel Pamoat	е
C. EMERGENCY CARE - DESCRIBE F	POVISIONS FOR THERE	THOY WEEKS	AND HOLIDAY CARE		
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EUTHANASIA WILL BE CARRIED OUT	_		LICENSEE/REGISTRAN		
	BITHE. A VETERINA	IN IN IN		1	
METHOD(S) OF EUTHANASIA In accordance with AVMA guidlin	es for Euthanasia of anir	mals: 2013 - I	Jnless moribund, the animal will	be Euthanizd ONLY while under Anes	thes
·					
ADDITIONAL PROGRAM TODICS	THE FOLLOWING TOPICS	S HAVE REEN I	DISCUSSED IN THE FORMULATION	N OF THE PROGRAM OF VETERINARY C	ARE
CONGENITAL CONDITIONS	TOLLOTTING TOPICS	ANTE DEEN	EXERCISE PLAN (dogs)		7 er t la
QUARANTINE CONDITIONS			PROPER HANDLING OF		
NUTRITION			✓ VENEREAL DISEASES		
ANTHELMINTIC ALTERNATION	N		PEST CONTROL AND P	RODUCT SAFETY	
_	*		_		
OTHER (specify) OHSPX			PROPER USE OF ANAL	GESICS AND SEDATIVES	

A LACCURATIONS — LIST THE DISEASES FOR WHICH VACCINATIONS ARE PERFORMED AND THE FREQUENCY OF THE VACCINATIONS (when Not Frod applicable) CARNIVORES HOSPITAL SOCIAL PROGRAM—DESCRIBE THE FREQUENCY OF SAMPLING OR TREATMENT FOR THE FOLLOWING 1. ECTOPARASITES (What seek, rikes, Kee, files) S. PARASITE CONTROL PROGRAM—DESCRIBE THE FREQUENCY OF SAMPLING OR TREATMENT FOR THE FOLLOWING 1. ECTOPARASITES (What seek, rikes, Kee, files) S. PARASITE (What seek, rikes, Kee, files) NA 3. INTESTINAL PARASITES All animals going through quarontino are tested and annual spot checks are also completed. 6. EMERGENCY CARE 1. DESCRIBE PROVISIONS FOR EMERGENCY, WEEKEND, AND HOLDAY CARE Emergency voterinary coverage is provided by the Vel Staff and backed up by a local Veterinarian Dr. Cindy Weagley. 2. DESCRIBE CAPTURE AND RESTRAINT METHODIS) A CAPTURE AND RESTRAINT METHODIS) D. EUTHANASIA 1. SICK, DESCRIBE CAPTURE AND RESTRAINT METHODIS) D. EUTHANASIA 1. SICK, DESCRIBE CAPTURE AND RESTRAINT METHODIS) D. EUTHANASIA 1. SICK, DESCRIBE CAPTURE AND RESTRAINT METHODIS) D. EUTHANASIA 1. SICK, DESCRIBE CAPTURE AND RESTRAINT METHODIS) D. EUTHANASIA 1. SICK, DESCRIBE CAPTURE AND RESTRAINT METHODIS DESCRIBED IN THE THE REFINITION OF EUTHANASIA IN THE ANIMAL WILL APPROPRIATE METHOD OF EUTHANASIA IN THE ANIMAL WILL APPROPRIATE METHOD OF EUTHANASIA OF ANIMALS; EUTHANASIA 1. SICK, DESCRIBE CAPTURE AND RESTRAINT METHODIS DESCRIBED IN THE THE REFINITION OF EUTHANASIA OF ANIMALS; EUTHANASIA 1. SICK, DESCRIBE CAPTURE AND RESTRAINT METHODIS DESCRIBED IN THE THE REFINITION OF EUTHANASIA OF ANIMALS; EUTHANASIA 1. SICK, DESCRIBE CAPTURE AND RESTRAINT METHODIS OF EUTHANASIA OF ANIMALS; EUTHANASIA 1. SICK, DESCRIBE CAPTURE AND RESTRAINT METHODIS OF EUTHANASIA OF ANIMALS; EUTHANASIA 1. SICK, DESCRIBE CAPTURE AND RESTRAINT METHODIS OF EUTHANASIA OF ANIMALS; EUTHANASIA WILL BE CAPRIED OUT BY THE SICK OF MANAGEMENT ENTREMED AND PROBREMS AND RESISTANTS. IN THE ANIMAL METHODIS OF PONION OF THE PROGRAM OF VETERINARY CARE EUTHANASIA	check if not applicable SECTION III. WILD	AND E	OTIC ANIMALS	PAGE 3 of 4
HOOFED STOCK PRIMATES POSSIBITY Measels, Hepatitis A vaccines ELEPHANTS ELEPHANTS ARRINE MAMMALS OTHER lipeady) B. PARASITE CONTROL PROGRAM – DESCRIBE THE FREQUENCY OF SAMPLING OR TREATMENT FOR THE FOLLOWING 1. ECTOPARASITES (Reas, lisks, mires, lice, files) 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 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. D. EUTHANASIA 1. SICK, DISEASED, NUIURED, OR LANE ANNAMS, SHALL BE PROVIDED WITH VETERNARY CARE OR EUTHANIZED. LICENSEES AND REGISTRANTS, IN CONSULTATION WITH THE HET ATTENDING VETERNARY CARE OR EUTHANIZED. LICENSEES AND REGISTRANTS, IN CONSULTATION WITH THE HET ATTENDING VETERNARIANS, CAN USE METHODS OF EUTHANASIA THAT MEET THE DETERNITION OF EUTHANASIA NITHE ANNAME METHODS THAT EITHER. D. EUTHANASIA 1. SICK, DISEASED, NUIURED, OR LANE ANNAMS, SHALL BE PROVIDED WITH VETERNARY CARE OR EUTHANIZED. LICENSEES AND REGISTRANTS, IN CONSULTATION WITH THE HET ATTENDING VETERNARIANS, CAN USE METHODS OF EUTHANASIA THAT MEET THE DETERNITION OF EUTHANASIA NITHE ANNAME METHODS THAT CAN SEE ANAMADES THAT WEET THE DETERNITION OF EUTHANASIA OF ANNAMENT THAT CAN SEE ANAMADES THAT AN MEET THE DETERNITION OF EUTHANASIA OF ANNAMENT THAT CAN SEE ANAMADES THAT AN ENTER THE DETERNITION OF EUTHANASIA OF ANNAMENT THAT CAN SEE AND SESSIONAL THE DETERNITION OF EUTHANASIA OF ANNAMENT THAT CAN SEE ANAMADES TO CONSCIONANCES AND SUBSEQUENT DEATH. APPROPRIATE METHODS MAY INCLUDE, BUT ARR NOT HIMTED TO, THOSE DESCRIBED IN THE ANNAMENT ENHANCES AND SUBSEQUENT DEATH. APPROPRIATE METHODS MAY INCLUDE. BUT ARR NOT HIMTED TO, THOSE DESCRIBED IN THE FORMULATION OF THE PROGRAM OF VETERNARY CARESES. EUTHANASIA WILL BE	A. VACCINATIONS - LIST THE DISEASES FOR WHICH VACCINATIONS ARE F	PERFORM	ED AND THE FREQUENCY OF THE VACCI	NATIONS (enter N/A if not applicable)
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A. IND	ICATE SPECIES						
Por	rcine, Bovine and Caprine						
B. VAC	CCINATIONS – LIST THE DISEASES FO	OR WHICH VACCINATIONS ARE PE	RFORMI	ED AND THE FREQUENCY (enter N/A if not a	applicable)		
Se	e Attached Page						
C PAI	RASITE CONTROL PROGRAM DESC	PIRE THE ERECUENCY OF SAMPLE	ING OR	FREATMENT FOR THE FOLLOWING			
	TOPARASITES (fleas, ticks, mites, lice, flies)	RIBE THE PREQUENCT OF SAMPL	ING OR	TREATMENT FOR THE POLLOWING			
Dai							
	ERNAL PARASITES (Helminths, Coccidia, o months fecal flotation & Prophylacti			in			
SIX	months lecal libration & Prophylacti	c Treatments (Penbendazole or I	vermeci	нт)			
	ERGENCY CARE – DESCRIBE PROVIS e veterinary staff provides coverage						
	o voicea., class provided doverage	2					
E EII	THANASIA						
		MALS SHALL BE PROVIDED WITH V	ETERIN	ARY CARE OR EUTHANIZED. LICENSEE	S AND REG	ISTRAN	ITS, IN
CONSI		TERINARIANS, CAN USE METHOD	S OF EU	THANASIA THAT MEET THE DEFINITION			
AMMA	 PRODUCE RAPID UNC 	ONSCIOUSNESS AND SUBSEQUEN	IT DEATI	H WITHOUT EVIDENCE OF PAIN OR DIST AINLESS LOSS OF CONSCIOUSNESS AN		NIENT F)EATH
APPRO	OPRIATE METHODS MAY INCLUDE, BU	IT ARE NOT LIMITED TO, THOSE DE	ESCRIBE	D IN THE "AVMA GUIDELINES FOR EUTI	IANASIA O	FANIMA	ALS".
EUTHA	ANASIA WILL BE CARRIED OUT BY THI	E: X VETERINARIAN		LICENSEE/REGISTRANT			
	THOD(S) OF EUTHANASIA	E. II		with and the enimal will be Eathering	ONLY		
in a	accordance with AVMA guidlines for	Euthanasia of animals: 2020 - 0	Inless m	oribund, the animal will be Euthanizd	ONLY While	e under	r Anestnesia.
F. ADI	DITIONAL PROGRAM TOPICS - THE F	OLLOWING TOPICS HAVE BEEN DI	SCUSSE	D IN THE FORMULATION OF THE PROG	RAM OF VI	ETERIN/	ARY CARE:
X	PASTEURELLOSIS		X	SPECIES SEPARATION			
	PODODERMATITIS			MALOCCLUSION/OVERGROWN INCISC)RS		
] [
]	CANNIBALISM		X	PEST CONTROL AND PRODUCT SAFET			
	WET TAIL		×	HANDLING			
	OTHER (specify) PRRS, SIV, ASF						

From: Gowins, Jessica - APHIS

To: APHIS-AnimalCare

Cc: @bwefinc.com @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

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

From: (b) (6), (b) (7)(C) @bwefinc.com>

Sent: Friday, February 5, 2021 1:16 PM

To: Gowins, Jessica - APHIS < jessica.gowins@usda.gov>

Cc: (b) (6), (b) (7)(C) @bwefinc.com> **Subject:** Change in AV and IACUC Chair





February 1, 2021

USDA/APHIS/AC 2150 Centre Ave. Building B, Mailstop 3W11 Fort Collins, CO 80526-8117 E-mail: 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.



Barton's West End Farms Inc.

cc: Jessica Gowins, DVM, MS

Veterinary Medical Officer

via email: Jessica.Gowins@usda.gov





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)

2. Institutional Official

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

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
City, State/Province, Zip Code:	Oxford, NJ 07863
Country:	USA
Telephone:	(908) 637-4427
Fax:	(908) 637-4268
Email:	@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
City, State/Province, Zip Code:	Oxford, NJ 07863
Country:	USA
Telephone:	(908) 637-4427
Fax:	(908) 637-4268
Email:	(b) (6), (b) (7)(C)
Mobile Phone:	Obtained by Director Anim

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0036. The time required to complete this information collection is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

OMB APPROVED 0579-0036 Exp.: 10/31/2018

UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEATH 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, preprocedural 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. VETERINARI	AN				
1. NAME		1. NAME					
(b) (6), (b) (7	()(C)						
2. BUSINESS NAME	BUSINESS NAME 2. CLINIC NAME		30				
Barton's West End Farms Inc.		Barton's West End Farms In	Barton's West End Farms Inc.				
3. USDA LICENSE/REGISTRATION NUMBER		3. STATE LICENSE NUMBER	3. STATE LICENSE NUMBER				
22-B-0002		NJ 29VI00316400					
4. STREET MAILING ADDRESS		4. BUSINESS ADDRESS	4. BUSINESS ADDRESS				
161 Janes Chapel Road		161 Janes Chapel Road	161 Janes Chapel Road				
5. CITY, STATE, AND ZIP CODE		5. CITY, STATE, AND ZIP CODE					
Oxford, NJ 07863		Oxford, NJ 07863					
6. HOME TELEPHONE	7. BUSINESS TELEPHONE	6. BUSINESS TELEPHONE					
	908-637-4427	908-637-4427					
		of Veterinary Care and understand our responsibile cur at the following frequency:weekly, unless e					

C. NOTES:

check if not applicable	SI	ECTION II.	OGS AND CATS	PAGE 2 of 4
A. VACCINATIONS - SPECIF	Y THE FREQUENCY OF VACCINAT	ION FOR THE	OLLOWING DISEASES	
	CANINE			FELINE
DARWOV/IRUS	JUVENILE	ADULT	DANI EUIZ	JUVENILE ADUL'
PARVOVIRUS			PANLEUK	
DISTEMPER			RESP. VIRUSES	
HEPATITIS		ļ	RABIES	
LEPTOSPIROSIS			OTHER (specify)	
RABIES				
BORDETELLA				
OTHER (specify)				
. PARASITE CONTROL PRO	GRAM - DESCRIBE THE FREQUE	NCY OF SAMP	ING OR TREATMENT FOR THE FO	DLLOWING
3. INTESTINAL PARASITES (F If clinical signs warrant fe		equired de-wo	ming will be with either Ivermec	tin, Fenbendazole or Pyrantel Pamoate
	CRIBE PROVISIONS FOR EMERGI des coverage 24/7. There is alw			
D. EUTHANASIA				
1. SICK, DISEASED, INJURED CONSULTATION WITH THEIR WELFARE REGULATIONS, WI PRODU UTILIZE	ATTENDING VETERINARIANS, CA HICH ALLOWS FOR THE USE OF H CE RAPID UNCONSCIOUSNESS AF ANESTHESIA PRODUCED BY AN /	N USE METHOI IUMANE METHO ND SUBSEQUE AGENT THAT C	DS OF EUTHANASIA THAT MEET T DDS THAT EITHER: NT DEATH WITHOUT EVIDENCE O AUSES PAINLESS LOSS OF CONS	ZED. LICENSEES AND REGISTRANTS, IN THE DEFINITION OF EUTHANASIA IN THE AN FEMALE OF PAIN OR DISTRESS, OR CIOUSNESS AND SUBSEQUENT DEATH. LINES FOR EUTHANASIA OF ANIMALS".
EUTHANASIA WILL BE CARRI	ED OUT BY THE: 🛛 VETERINA	RIAN	LICENSEE/REGISTRAN	т
2. METHOD(S) OF EUTHANA: In accordance with AVM		mals: 2013 - l	Jnless moribund, the animal will	be Euthanizd ONLY while under Anesthe
E. ADDITIONAL PROGRAM T	OPICS – THE FOLLOWING TOPICS	S HAVE BEEN	DISCUSSED IN THE FORMULATION	N OF THE PROGRAM OF VETERINARY CAR
CONGENITAL CONDI	TIONS		EXERCISE PLAN (dogs)	
QUARANTINE CONDI	TIONS		PROPER HANDLING OF	BIOLOGICS
NUTRITION			☐ VENEREAL DISEASES	
ANTHELMINTIC ALTE	RNATION		PEST CONTROL AND P	RODUCT SAFETY
OTHER (specify) OH	SPx		PROPER USE OF ANAL	GESICS AND SEDATIVES

check if not applicable SECTION III. WILD A	AND E	OTIC ANIMALS	PAGE 3 of 4
A. VACCINATIONS - LIST THE DISEASES FOR WHICH VACCINATIONS ARE PE	RFORM	ED AND THE FREQUENCY OF THE V	ACCINATIONS (enter N/A if not applicable
CARNIVORES			
HOOFED STOCK			
PRIMATES			
Possibly Measels, Hepatitis A vaccines ELEPHANTS			
MARINE MAMMALS		WERENESS AND A STATE OF THE STA	
OTHER (specify)			
B. PARASITE CONTROL PROGRAM - DESCRIBE THE FREQUENCY OF SAMPL	ING OR	TREATMENT FOR THE FOLLOWING	
 ECTOPARASITES (fleas, ticks, mites, lice, flies) This being an indoor facility, the probability of external parasites is small treated. 	l. Ifapa	rasite is discovered that and all clo	osely associated animals will be
2. BLOOD PARASITES N/A			
INTESTINAL PARASITES All animals going through quarantine are tested and annual spot checks	are also	o completed.	
C. EMERGENCY CARE			
 DESCRIBE PROVISIONS FOR EMERGENCY, WEEKEND, AND HOLIDAY CARE Emergency veterinary coverage is provided by the Vet Staff and backed 		local Veterinarian Dr. Cindy Weag	gley.
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 V CONSULTATION WITH THEIR ATTENDING VETERINARIANS, CAN USE METHOD WELFARE REGULATIONS, WHICH ALLOWS FOR THE USE OF HUMANE METHO PRODUCE RAPID UNCONSCIOUSNESS AND SUBSEQUEN UTILIZE ANESTHESIA PRODUCED BY AN AGENT THAT CA	OS OF EL ODS THA NT DEAT	THANASIA THAT MEET THE DEFINIT FEITHER: HWITHOUT EVIDENCE OF PAIN OR	ΓΙΟΝ OF EUTHANASIA IN THE ANIMA DISTRESS, OR
APPROPRIATE METHODS MAY INCLUDE, BUT ARE NOT LIMITED TO, THOSE DI	ESCRIBE	ED IN THE "AVMA GUIDELINES FOR E	EUTHANASIA OF ANIMALS".
EUTHANASIA WILL BE CARRIED OUT BY THE: 🛛 VETERINARIAN		LICENSEE/REGISTRANT	
 METHOD(S) OF EUTHANASIA In accordance with the AVMA guidlines for the Euthanasia of animals: 	2013 uni	ess moribund, the animal will be an	nesthatized.
E. ADDITIONAL PROGRAM TOPICS – THE FOLLOWING TOPICS HAVE BEEN D	ISCUSSI	ED IN THE FORMULATION OF THE P	ROGRAM OF VETERINARY CARE:
PEST CONTROL AND PRODUCT SAFETY	\times	ENVIRONMENT ENHANCEMENT (P	rimates)
QUARANTINE PROCEDURES		WATER QUALITY (marine mammals)	
▼ ZOONOSES	\boxtimes	SPECIES-SPECIFIC BEHAVIORS	
OTHER (specify) OHSP	\boxtimes	PROPER STORAGE AND HANDLING	G OF DRUGS AND BIOLOGICS
	\times	PROPER USE OF ANALGESICS AN	D SEDATIVES
	EQUENC		

che	eck if not applicable	SECTION IV. OTHER WA	RMB	LOODED ANIMALS	PAGE 4	of	4
A. IND	ICATE SPECIES						
Por	cine, Bovine and Caprine						
		WHICH VACCINATIONS ARE PER	FORM	ED AND THE FREQUENCY (enter N/A if not a	pplicable)		
See	e Attached Page						
C PAR	RASITE CONTROL PROGRAM DESCRI	RE THE EREQUENCY OF SAMPLIN	G OR	TREATMENT FOR THE FOLLOWING			
	OPARASITES (fleas, ticks, mites, lice, flies)	SE THE PREGOENCY OF SAMPEN	O OIL	THE ATTHE OF THE POLEOWING			
Dai							
	ERNAL PARASITES (Helminths, Coccidia, other						
Six	months fecal flotation & Prophylactic	Freatments (Fenbendazole or Ive	ermect	in)			
D. EMI	ERGENCY CARE - DESCRIBE PROVISIO	NS FOR EMERGENCY, WEEKEND	AND I	HOLIDAY CARE			
The	e veterinary staff provides coverage 24	77. There is always someone pr	esent	or on call.			
	THANASIA	LC CHALL BE BROWNED WITH VE	TEDIN	ARY CARE OR EUTHANIZED. LICENSEE	S AND DEC	ICTDAN	TC IN
CONSU	JLTATION WITH THEIR ATTENDING VET	ERINARIANS, CAN USE METHODS	OF EU	ITHANASIA THAT MEET THE DEFINITION			
ANIMA	L WELFARE REGULATIONS, WHICH ALL PRODUCE RAPID UNCON			DS THAT EITHER: H WITHOUT EVIDENCE OF PAIN OR DIST	RESS, OR		
				AINLESS LOSS OF CONSCIOUSNESS AN		UENT D	EATH.
APPRO	PRIATE METHODS MAY INCLUDE, BUT	ARE NOT LIMITED TO, THOSE DES	CRIBE	ED IN THE "AVMA GUIDELINES FOR EUTH	IANASIA OF	- ANIMA	LS".
FLITHA	NASIA WILL BE CARRIED OUT BY THE:	X VETERINARIAN	m	LICENSEE/REGISTRANT			
	THOD(S) OF EUTHANASIA	PA VETERMANIAN					
		uthanasia of animals: 2020 - Un	less m	noribund, the animal will be Euthanizd	ONLY while	e under	Anesthesia.
F. ADI	DITIONAL PROGRAM TOPICS – THE FOL	LOWING TOPICS HAVE BEEN DIS	CUSSE	ED IN THE FORMULATION OF THE PROG	RAM OF VE	ETERIN/	ARY CARE:
\times	PASTEURELLOSIS		X	SPECIES SEPARATION			
	PODODERMATITIS			MALOCCLUSION/OVERGROWN INCISO	RS		
	CANNIBALISM		X	PEST CONTROL AND PRODUCT SAFET	Υ		
	WET TAIL.		X	HANDLING			
	OTHER (specify) PRRS, SIV, ASF						
لـا	OTHER (appears)						