

From: (b) (6), (b) (7)(C)
To: [APHIS-AnimalCare](#)
Subject: Registration Update
Date: Tuesday, January 12, 2021 2:46:35 PM
Attachments: [CCCC - USDA-APHIS Registration Update 2021.pdf](#)

To whom it may concern:

Attached are our registration documents for 2020. I apologize for the delay as there was a change of "ownership" which is now reflected in our attached registration.

Is it necessary for our program to fill out the Program of Veterinary Care for Dogs if that care is reflected in the standard Program of Veterinary Care?

All of our USDA/APHIS documents come to "attn: Jonathan Loftis". Mr Loftis is no longer with our organization. Is it possible to change that to reflect "attn: Justin Pedley, RVT" ?

Thank you for any helpful advice.

Regards,

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(b) (6), (b) (7)(C)
Veterinary Medical Technology
Animal Facilities Manager
Tel: (919) 718-7287
Fax: (919) 718-7477
Email: (b) (6), (b) (7)(C)@cccc.edu
Address: 1105 Kelly Drive
Sanford, NC 27330



www.cccc.edu

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 the information collection is estimated to average 15 minutes 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.

USDA USE ONLY

OMB APPROVED 0579-0036

Applicant should send completed form to this address:

USDA/APHIS/AC
2150 Centre Ave.
Building B, Mailstop 3W11

Certificate Number and Customer Number:

55-R-0019
862

Renewal Date:

United States Department of Agriculture
Animal and Plant Health Inspection Service
APPLICATION FOR REGISTRATION UPDATE
(TYPE OR PRINT)

Every research facility, carrier, and intermediate handler not required to be licensed under 7 U.S.C. 2133, shall register with the USDA (7 U.S.C. 2136). The registration shall be updated every 3 years. (9 C.F.R. §2.30).

1. Type of registration requested:

☐ Intermediate Handler ☐ Carrier ☒ Research Facility ☐ Federal Research Facility ☐ Agricultural Research Facility ☐ Veterans' Administration

2. Type of organization:

☐ Individual ☐ Corporation ☐ Partnership ☐ University ☐ LLC ☐ Sole Proprietor ☐ Trust ☒ Other Teaching Institution

3. Type of public: (select one)

☒ State, Local, Tribal Government ☐ Business Or Other For-Profit ☐ Not-For-Profit Institution ☐ Farm ☐ Foreign Or Domestic Federal Government
☐ Individual Or Household

4. Name of Registrant and Mailing Address: (See Instructions)

Central Carolina Community College
1105 Kelly Drive
Sanford, NC 27330

9. All Business Names and Location Addresses Housing Animals:
Include directions to each location (P.O. Box not acceptable)

☐ Check this box if additional locations are listed on an additional sheet.

(b) (7)(F)

5. County:

Lee

10. County:

Lee

6. Telephone:

919-775-5401

11. Telephone number at this location:**7. ☐ Residential address**

☒ Non-residential address

12. Optimal hours for inspection at this location: (days of the week and times of day)

Mon - Fri 8:00am - 4:00pm

8. EMAIL:

jpedley@cccc.edu

13. WEBSITE:

www.cccc.edu

14. If individual, identify each owner; if partnership identify each partner or officer; if a corporation, identify principal officers; or if a research facility, identify the Institutional Official.
☐ Check this box if additional persons are listed on an additional sheet.

Name	Title	Address (full address including zip code)
Dr. Lisa Chapman	College President/Institutional Off.	Central Carolina Community College 1105 Kelly Drive Sanford, NC 27330
(b) (6), (b) (7)(C)	Department Chair	same as above
	Animal Care Coordinator	same as above
	Animal Facilities Manager	same as above

Certification

I hereby register as a research facility, carrier, or intermediate handler under the Animal Welfare Act, 7 U.S.C. 2131 et seq.; and I certify that the information provided herein is true and correct to the best of my knowledge. I hereby certify that to the best of my knowledge and belief, I am in compliance with and agree to comply with all the regulations and standards contained in 9 CFR, Subpart A, Parts 1, 2 and 3. I certify that all listed persons are 18 years of age or older.

15. Signature

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

17. Date signed

1/12/2021

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OMB Approved
0579-0036

United States Department of Agriculture
Animal and Plant Health Inspection Service
Animal Care

Federal Debt Collection Form

1: State -- Select from dropdown -- **NC**

2: Customer Number: **55-R-0019**

3: Certificate Number: **862**

The Federal Debt Collection Act of 1996 requires APHIS to obtain your Federal Taxpayer Identification Number. This would be either your Federal Employer Identification Number (EIN) or your Social Security Number(s) (SSN). This number is for the purpose of collecting and reporting any delinquent amounts arising out of a relationship with the Federal Government. Your SSN or EIN is required to process your license/registration application.

New license/registration applications: You must submit your SSN or EIN using this form.

Renewing license/registration applications:

- You must resubmit your SSN or EIN number using this form.
- If the number submitted does not match your previously submitted EIN or SSN, your application for license/registration renewal will be returned with instructions and your renewal delayed.
- If your SSN, EIN, and/or type of organization changes, you may have to apply for a new license/registration.

If the license/registration certificate is issued to a corporation or partnership, all partners' names and SSN or EIN must be listed.

4: Business Name or Individual Name or Partner Name:

Name:

Central Carolina Community College

Name:

Name:

Name:

Name:

Name:

Name:

Name:

5: Federal Taxpayer Identification Number

EIN or SSN:

56-0794261

EIN or SSN:

EIN or SSN:

EIN or SSN:

EIN or SSN:

EIN or SSN:

EIN or SSN:

EIN or SSN:

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) - Animal Facilities Manager		1. NAME (b) (6), (b) (7)(C) - Animal Care Coordinator
2. BUSINESS NAME Central Carolina Community College		2. CLINIC NAME CCCC
3. USDA LICENSE/REGISTRATION NUMBER 55-R-0019		3. STATE LICENSE NUMBER NC 7830
4. STREET MAILING ADDRESS 1105 Kelly Drive		4. BUSINESS ADDRESS 1105 Kelly Drive
5. CITY, STATE, AND ZIP CODE Sanford, NC 27330		5. CITY, STATE, AND ZIP CODE Sanford, NC 27330
6. HOME TELEPHONE N/A	7. BUSINESS TELEPHONE (b) (6), (b) (7)(C)	6. BUSINESS TELEPHONE (b) (6), (b) (7)(C)

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: daily

C. NOTES:

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

CANINE			FELINE		
	JUVENILE	ADULT		JUVENILE	ADULT
PARVOVIRUS	every 4 wks	every 3 yrs	PANLEUK	every 4 wks	every 3 yrs
DISTEMPER	every 4 wks	every 3 yrs	RESP. VIRUSES	every 4 wks	every 3 yrs
HEPATITIS	every 4 wks	every 3 yrs	RABIES	annually	every 3 yrs
LEPTOSPIROSIS	every 4 wks	every 3 yrs	OTHER (specify)	N/A	N/A
RABIES	annually	every 3 yrs			
BORDETELLA	N/A	N/A			
OTHER (specify)	N/A	N/A			

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

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

Cats receive monthly topical parasiticide
Dogs receive oral or topical parasiticide monthly or every 3 months (product dependent)
Dogs and cats are checked weekly and treated additionally as needed

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

Dogs and cats are treated with monthly heartworm preventative
Dogs are tested annually

3. INTESTINAL PARASITES (fecals, deworming)

Dogs and cats receive monthly deworming
Dogs and cats are tested annually or in the event of abnormal stools

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

Veterinarian, Animal Facilities Manager, or Kennel Assistant observe animals daily

A telephone chain is in place for emergency treatment situations

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

overdose of pentobarbital

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

☒ CONGENITAL CONDITIONS

☒ EXERCISE PLAN (dogs)

☒ QUARANTINE CONDITIONS

☒ PROPER HANDLING OF BIOLOGICS

☒ NUTRITION

☒ VENEREAL DISEASES

☒ ANTHELMINTIC ALTERNATION

☒ PEST CONTROL AND PRODUCT SAFETY

☒ OTHER (specify) Dog and Cat Enrichment Programs

☒ 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

HOOFED STOCK

PRIMATES

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)

2. BLOOD PARASITES

3. INTESTINAL PARASITES

C. EMERGENCY CARE

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

2. DESCRIBE CAPTURE AND RESTRAINT METHOD(S)

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

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

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

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

A. INDICATE SPECIES

Rabbits, Rats, Horses, Cows

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

Lab Animals: N/A

Horses: vaccinated by owners; boosted by CCCC

Cows: IBR; BRSV; BVD 1 and 2; Rabies annually

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

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

Cows: Python ear tags

2. INTERNAL PARASITES (Helminths, Coccidia, other)

Cows: Cydectin or Ivermectin drench; oral panacur

Horses: Rotating paste dewormers

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

Lab animals, horses, and cows are observed daily by veterinarian, Animal Facilities Manager, or designee. A telephone chain is in place for emergencies.

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

2. METHOD(S) OF EUTHANASIA

overdose of pentobarbital

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

☒ PASTEURELLOSIS☒ SPECIES SEPARATION☒ PODODERMATITIS☒ MALOCCLUSION/OVERGROWN INCISORS☒ CANNIBALISM☒ PEST CONTROL AND PRODUCT SAFETY☐ WET TAIL N/A☒ HANDLING☐ OTHER (specify) _____