

The Animal Welfare Regulations, Title 9, Subchapter A, Part II, Subpart C, Section 2.33 and Subpart D, Section 2.40 require a Program of Veterinary Care

UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE		OFFICE USE ONLY
ANIMAL CARE (Program of Veterinary Care for Research Facilities or Exhibitors/Dealers)		DATE RECEIVED
SECTION I. A PROGRAM OF VETERINARY CARE HAS BEEN ESTABLISHED BETWEEN:		
A. LICENSEE/REGISTRANT		B. VETERINARIAN
1. NAME: Kevin Archer	1. NAME: Michael R Fuller-DVM	
2. BUSINESS NAME: Central Washington University	2. CLINIC NAME: Ellensburg Animal Hospital	
3. USDA LICENSE/REGISTRATION NUMBER: 91-B-0023	3. STATE LICENSE NUMBER: UT0000 3063	
4. MAILING ADDRESS: 400 East University Way Ellensburg, WA 98926	4. BUSINESS ADDRESS: 1800 Jantage Highway	
5. CITY, STATE, AND ZIP CODE: Ellensburg WA 98926	5. CITY, STATE, AND ZIP CODE: Ellensburg WA 98926	
6. TELEPHONE NUMBER (Home): 509-903-3101	6. TELEPHONE NUMBER (Business): 509-925-2833	

This is a form that may be used for the Program of Veterinary Care. Also, this form may be used as a guideline for the written Program of Veterinary Care, as required.

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 and reviewed on an annual basis. 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.

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. Please indicate Section and Item Number.

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

Regularly scheduled visits by the veterinarian will occur at the following frequency:

once monthly (minimum annual)

C. SIGNATURE OF LICENSEE/REGISTRANT 	DATE 10/22/18
D. SIGNATURE OF VETERINARIAN 	DATE 10/20/18

☒ check if not applicable

SECTION II. DOGS AND CATS

PAGE 2 of

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)

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

3. INTESTINAL PARASITES (fecals, deworming)

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

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:

- o PRODUCE RAPID UNCONSCIOUSNESS AND SUBSEQUENT DEATH WITHOUT EVIDENCE OF PAIN OR DISTRESS, OR
- o 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

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

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

☒ check if not applicable

SECTION III. WILD AND EXOTIC ANIMALS

PAGE 3 of

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:

- o PRODUCE RAPID UNCONSCIOUSNESS AND SUBSEQUENT DEATH WITHOUT EVIDENCE OF PAIN OR DISTRESS, OR
- o 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

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"/> ZONOSSES | <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

CHECK IF N/A ☐

SECTION IV. OTHER WARMBLOODED ANIMALS

A. INDICATE SPECIES:

Hamsters

B. VACCINATIONS - LIST THE DISEASES FOR WHICH VACCINATIONS ARE PERFORMED AND THE FREQUENCY OF VACCINATIONS

(Enter N/A if not applicable)

N/A

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

1. ECTOPARASITES (Fleas, Ticks, Mites, Lice, Flies)

Periodic examination of samples and treatment

2. INTERNAL PARASITES (Helminths, Coccidia, Other)

Initial fecal exams and re-sample and treatment
as needed

D. EMERGENCY CARE - DESCRIBE PROVISIONS FOR EMERGENCY, WEEKEND, AND HOLIDAY CARE:

Veterinary consultations via on-call
telephone (509-929-0054) in case of
group disease, etc.

Euthanasia on-site if needed for humane
reasons as per established protocols

E. EUTHANASIA

1. 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:

☐ VETERINARIAN

☒ LICENSEE/REGISTRANT

2. METHOD(S) OF EUTHANASIA:

Isolux or CO₂ with cervical
dislocation.

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

☐ Handling

☐ Other (Specify)

to be determined