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OMB Approved  
0579-0036  
0579-0093  
0579-0392

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

DATE RECEIVED:

**ANIMAL CARE**

*(Program of Veterinary Care for Research Facilities or Exhibitors/Dealers)*

**SECTION I. A PROGRAM OF VETERINARY CARE HAS BEEN ESTABLISHED BETWEEN:**

A. LICENSEE/REGISTRANT		B. VETERINARIAN
1. NAME: Michael LaLiberte, President	1. NAME: Barrett Meckel, DVM	
2. BUSINESS NAME: SUNY Delhi	2. CLINIC NAME: SUNY Delhi Veterinary Science Dept.	
3. USDA LICENSE/REGISTRATION NUMBER: 21-R-0053	3. STATE LICENSE NUMBER: NY010331	
4. MAILING ADDRESS: 135 Bush Hall SUNY Delhi 454 Delhi Drive	4. BUSINESS ADDRESS: 104 Farnsworth Hall SUNY Delhi 454 Delhi Drive	
5. CITY, STATE, AND ZIP CODE: Delhi, NY 13753	5. CITY, STATE, AND ZIP CODE: Delhi, NY 13753	
6. TELEPHONE NUMBER (Home): 607-746-	TELEPHONE NUMBER (Business): 607-746-4090	6. TELEPHONE NUMBER (Business): 607-746-4306

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:

Weekdays During Academic Year August through June (minimum annual).

C. SIGNATURE OF LICENSEE/REGISTRANT:

*Michael LaLiberte*

DATE:

05/15/2018

D. SIGNATURE OF VETERINARIAN:

*[Signature]*

DATE:

5/21/2018

CHECK IF N/A ☐

## SECTION II. DOGS AND CATS

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

CANINE			FELINE		
	JUVENILE	ADULT		JUVENILE	ADULT
PARVOVIRUS		1	PANLEUK		1
DISTEMPER		1	RESP. VIRUSES		1
HEPATITIS		1	RABIES		1
LEPTOSPIROSIS		1	OTHER (Specify)		
RABIES		1	Bordatella		1
BORDETELLA		1			
OTHER (Specify)					

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

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

Visual Inspections weekly. Samples collected as indicated by visual inspection. Treatment based on parasite species. Ivermectin is primary antiparasitic for mites, Revolution or Advantage Topical for fleas and ticks. Treatment repeated as indicated.

#### 2. BLOOD PARASITES (Heartworm, Babesia, Ehrlichia, Other):

Blood sample drawn on initial exam. SNAP or other commercial test in addition to blood film exam. No Preventatives given. Treat heartworm w/ immiticide followed by ivermectin. (positives are rare)

#### 3. INTESTINAL PARASITES (Fecals, Deworming):

Sampled on arrival, periodically for classroom use, and as indicated. Treatment as needed based on parasite species; medications used- Fenbendazole, Drontal, Pyrantel Pamoate, Metronidazole.

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

Protocols and Flow Chart have been established, updated and posted along with call list and phone numbers.

- 1) Students are to call Staff Licensed Veterinary Technicians
- 2) Staff LVT's will call Staff Veterinarian(s) or local veterinary clinic on an "as needed" basis.

Emergency Management Plan hard copy is in Animal Facility, Department office and at University Police.

### D. EUTHANASIA

1. SICK, DISEASED, INJURED, OR LAME ANIMALS SHALL BE PROVIDED WITH VETERINARY CARE OR EUTHANIZED. EUTHANASIA WILL BE IN ACCORDANCE WITH THE AMERICAN VETERINARY MEDICAL ASSOCIATION (AVMA) RECOMMENDATIONS AND WILL BE CARRIED OUT BY THE FOLLOWING:

☒ VETERINARIAN

☐ LICENSEE/REGISTRANT

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

Method of euthanasia is species specific in accordance with the AVMA guidelines on euthanasia. Dogs, Cats & Rabbits are overdosed with Pentobarbital based euthanasia solution. Rodents are euthanized by CO2 or by Pentobarbital overdose.

### 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 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 checked="" type="checkbox"/> Venereal Diseases                      |
| <input checked="" type="checkbox"/> Anthelmintic Alternation   | <input checked="" type="checkbox"/> Pest Control and Product Safety        |
| <input checked="" type="checkbox"/> Other (Specify) <u>Barrier controlled, microbiologically defined species</u> | <input checked="" type="checkbox"/> Proper Use of Analgesics and Sedatives |



CHECK IF N/A ☐

**SECTION III. WILD AND EXOTIC ANIMALS**

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

CARNIVORES: N/A

HOOFED STOCK: N/A

PRIMATES: Tested for Tb (PPD) every 6 months. Filovirus antibody (once at end of quarantine period (9/07)

ELEPHANTS: N/A

MARINE MAMMALS: N/A

OTHER (Specify): N/A

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

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

Checked whenever anesthetized, minimum full physical 2 x year

2. BLOOD PARASITES:

Minimum 2 x year

3. INTESTINAL PARASITES:

Minimum 2 x year

**C. EMERGENCY CARE**

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

SOP's, Flow Chart and call list established, Students to call LVT staff. LVT staff to call Staff Veterinarian(s) or local clinic \*\*see dog and cat\*\*

2. DESCRIBE CAPTURE AND RESTRAINT METHOD(S):

Pole and collar, hand catching, squeeze cage, chemical restraint (ketamine 10mg/kg)

**D. 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:

Commercial euthanasia solution (Pentobarbital base) I.V.

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

☒ Pest Control and Product Safety

☒ Environment Enhancement (Primates)

☒ Quarantine Procedures

☐ Water Quality (Marine Mammals)

☒ Zoonoses

☒ Species-specific Behaviors

☐ Other (Specify) \_\_\_\_\_

☒ Proper Storage and Handling of Drugs and Biologics

☒ Proper Use of Analgesics and Sedatives

**F. LIST THE SPECIES SUBJECTED TO TB TESTING, AND THE FREQUENCY OF SUCH TESTS:**

Primates Tb(PPD) tested 2 x year, Chest x-ray - minimum once yearly

Personnel - Tb (PPD) tested yearly

CHECK IF N/A ☐

SECTION IV. OTHER WARMBLOODED ANIMALS

A. INDICATE SPECIES:

Bovine, Equine, Caprine, Ovine, Aves, Suis, Camellid  
Rabbits, Guinea Pigs, Hamsters, Rats, Mice

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

Equine- EEE, WEE, Influenza, Tetanus, Rabies- Annual  
Bovine- Rabies after 12 wks, then annual. Annual 9-way w/ Shipping fever  
Sheep & Goats- Clostridium CD&T annual, rabies after 12 wks then annual  
Camellid- Rabies annual

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

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

Physical check- minimum 2 x year, typically whenever handled in class, several times per week. Treat when parasites are confirmed- Ivermectin, Cydectin pour on, Pyrethrin, CorAL.

2. INTERNAL PARASITES (Helminths, Coccidia, Other):

Blood screening annual or as indicated by Veterinary Exam. Fecal exams minimum 4-6 x year or as indicated by Veterinary exam. Treatment Products: Ivermectin, Valbazen, Pyrantel Pamoate, Fenbendazole, Moxidectin.

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

Protocols and Flow chart are posted. Students and weekend staff will call Farm Manager or LVT staff.  
LVT staff will call staff Veterinarian(s) or local Veterinary Clinic as needed. Phone numbers are posted.  
Emergency Management Plan is in Farm Office.

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:

Sodium Pentobarbital IV overdose, in accordance with AVMA guidelines for euthanasia.

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) Dental Prophylaxis