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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:		1. NAME:	
2. BUSINESS NAME:		2. CLINIC NAME:	
SUNY State College of Optometry		consulting veterinarian	
3. USDA LICENSE/REGISTRATION NUMBER:		3. STATE LICENSE NUMBER:	
21-R-0196			
4. MAILING ADDRESS:		4. BUSINESS ADDRESS:	
33 west 42nd st			
5. CITY, STATE, AND ZIP CODE:		5. CITY, STATE, AND ZIP CODE:	
New York, NY 10036		New York, NY	
6. TELEPHONE NUMBER (Home):	TELEPHONE NUMBER (Business):	6. TELEPHONE NUMBER (Business):	
	office		

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:

semi-annually with additional as needed (minimum annual).

DATE:	11-27-18
	11-27-2018

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			PANLEUK		
DISTEMPER			RESP. VIRUSES		
HEPATITIS			RABIES		
LEPTOSPIROSIS			OTHER ( <i>Specify</i> )		
RABIES					
BORDETELLA					
OTHER ( <i>Specify</i> )					

**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 (*Faecals, 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. 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:

**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*) \_\_\_\_\_☐ 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:

NA

HOOFED STOCK:

NA

PRIMATES:

marmosets; macaque sp.

ELEPHANTS:

NA

MARINE MAMMALS:

NA

OTHER (Specify):

NA

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

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

negative required as a condition of purchase from vendor

2. BLOOD PARASITES:

negative required as a condition of purchase from vendor

3. INTESTINAL PARASITES:

negative required as a condition of purchase from vendor

**C. EMERGENCY CARE**

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

Animal caretakers and the Facility Manager are on duty 365 days/year [REDACTED] is on call 24 hours/day, 7 days a week including holidays and weekends. Arrangements are made with the back-up veterinarian [REDACTED] College when [REDACTED] is unavailable during vacations or conferences. During these times, Dr. [REDACTED] is available by email and by cell phone [REDACTED]

2. DESCRIBE CAPTURE AND RESTRAINT METHOD(S):

Injectable chemical restraint; pole and collar; chair

**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:

barbiturate injection

**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) Sterile surgical technique



Proper Storage and Handling of Drugs and Biologics

occupational health and safety



Proper Use of Analgesics and Sedatives

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

Macaque species - semiannually

CHECK IF N/A ☐

**SECTION IV. OTHER WARMBLOODED ANIMALS**

**A. INDICATE SPECIES:**

mouse

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

(Enter N/A if not applicable):

NA

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

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

negative pre-purchase by vendor

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

negative pre-purchase by vendor

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

Animal caretakers and the Facility Manager are on duty 365 days/year. [REDACTED] is on call 24 hours/day, 7 days a week including holidays and weekends. Arrangements are made with the back-up veterinarian [REDACTED] when [REDACTED] is unavailable during vacations or conferences. During these times, [REDACTED] is available by email and by cell phone [REDACTED]

**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:**

rodents = Carbon dioxide at a 10-30% fill rate

**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) identification of pain/distress; proper use of analgesics, sedatives and anesthetics; species specific enrichment