

PROGRAM OF VETERINARY CARE

The Animal Welfare Act, Public Law 94-279, states that programs of disease control and prevention, adequate veterinary care, and euthanasia shall be established and maintained under the supervision and assistance of a doctor of veterinary medicine.

A Program of Veterinary Care for the period of January 1, 2019 to December 31, 2019 has been established between:

Northern Illinois University (NIU)
Division of Research and Graduate Studies
DeKalb, IL, 60115-2861


AND

JPO Veterinary Consultants Inc
Jeffrey P. Oswald, D.V.M., DACLAM
1480 Fechner Circle
North Aurora, IL 60542

DESCRIPTION: This program is intended to augment the laboratory animal medicine program at Northern Illinois University providing expertise in the field of Laboratory Animal Medicine. The program is conducted under the supervision of Jeffrey P. Oswald, D.V.M., DACLAM and coordinated with the current Chair, Institutional Animal Care and Use Committee, NIU.

SPECIFIC ACTIVITIES TO BE CONDUCTED ARE:

1. **Attending Veterinarian and NIU institutional Animal Care and Use Committee (IACUC).** Dr. Oswald will serve as NIU's attending veterinarian. Dr. Oswald will serve as a voting member of the NIU IACUC and will attend NIU IACUC meetings.
2. **Site Visits to NIU.** Dr. Oswald is employed part time at NIU and will conduct site visits to the animal care facilities at NIU as needed and no less than twice monthly. The purpose of these visits will be to conduct clinical rounds through NIU animal facilities.
3. **NIU faculty and staff training/consultation.** Dr. Oswald and the Chair of the IACUC, NIU, will conduct a seminar once yearly for NIU faculty, staff, and students whose activities involve the use of live vertebrate animals. The purpose of the seminars will be to provide current information pertaining to the use of animals in research and teaching. Topics covered may include animal welfare issues, regulations, animal husbandry, anesthesia, euthanasia, sanitation, and others. Special training sessions may be arranged at the request of the NIU IACUC Chair. Additionally, Dr. Oswald will be available for consultation with NIU faculty, staff, and students during site visits, via email, or by telephone during normal business hours.
4. **Emergency Veterinary Care.** Sick, diseased or lame animals will be provided prompt veterinary care or will be humanely euthanatized. Emergency veterinary care will be provided by Dr. Oswald, unless he is unavailable, in which case, Dr. Paul Augustine, Malta Veterinary Hospital, Malta, Illinois will be contacted.
5. **Euthanasia.** Euthanasia methods will conform to the AVMA Guidelines on Euthanasia (2013) and will be performed by appropriately trained personnel.


Jeffrey P. Oswald, D.V.M., DACLAM
Attending Veterinarian

11/27/18
Date

**U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE**

**RECORD OF ACQUISITION, DISPOSITION OR TRANSPORT
OF ANIMALS (Other Than Dogs and Cats)**

☐ SALE ☐ EXCHANGE OR TRANSFER ☒ DONATION

INSTRUCTIONS: Complete applicable items 1 through 13. Original and one copy to accompany animals. When delivery is made - Items 14 through 20 must be completed. Original retained by Buyer (Receiver) and copy one returned to Dealer (Seller or Donor). Copy two to be retained by Dealer (Seller or Donor). Attach Continuation Sheet (APHIS FORM 2070A) as needed.

1. INVOICE NO.

NA

2. PAGE

1 of 1

3. DATE OF DISPOSITION

10/21/2019

4. DEALER'S LICENSE NO.

NA

5. SELLER OR DONOR (Name and Address, include Zip Code)

Angela J. Grippo, PhD
Associate Professor, Northern Illinois University
Department of Psychology, 180 Stadium Drive, DeKalb, IL, 60115
815-753-0372
angelagrip@niu.edu

6. BUYER OR RECEIVER (Name and Address, include Zip Code)

Laboratory Animal Resources, Indiana University Bloomington,
Research Services Building, 819 N. Forrest Ave., Bloomington,
IN 47408

7. USDA LICENSE NO. (If any)

32-R-0002

8. IDENTIFICATION OF ANIMALS BEING DELIVERED

A. CONTAINER TAG NO. CRATE OR PEN NO.	B. NO ANIMALS	C. PREVIOUS INVOICE NO. (If any)	D. INDIVIDUAL IDENT TATTOOS, TAG NOS. (If applicable)	E. SPECIES	AGE - SEX				H. EST, WEIGHT (lbs.)	I. REMARKS (Condition, etc.)	RECEIVER'S USE	
					F. NO. YOUNG	G. NO. ADULT					J.	K.
1	8		Cage Card	Microtus Ochrog	M	F	M	F	4	Cage cards, labels		
2	8		Cage Card	Microtus Ochrog	M	F	M	F	4	Cage cards, labels		
3	4		Cage Card	Microtus Ochrog	M	F	M	F	2	Cage cards, labels		
					M	F	M	F				
					M	F	M	F				
					M	F	M	F				
					M	F	M	F				
					M	F	M	F				
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					M	F	M	F				
					M	F	M	F				
					M	F	M	F				
					M	F	M	F				
					M	F	M	F				

DELIVERY BY COMMERCIAL CARRIER

9. DELIVERY BY ("X" one)

10. TRUCK LICENSE NO.

IL 1278731B

11. BILL OF LADING NO.

12. NAME AND ADDRESS OF COMPANY OR FIRM

Validated Delivery Solutions, LLC, 905 River Rd, Granville, OH 43023,
(800) 351-6451

13. NAME AND ADDRESS OF TRUCK DRIVER

American Expediting, 231 James Street, Bensenville, IL, 60106

DELIVERY RECEIPT - TO BE COMPLETED BY BUYER OR RECEIVER

14. ANIMALS DELIVERY WERE ("X" ONE)

☐ IN APPARENT GOOD CONDITION

☐ POOR CONDITION

☐ REJECTED (Attach explanation for rejection)

15. TOTAL NUMBER RECEIVED

16. NUMBER DEAD

17. NUMBER ALIVE

18. BY (Signature)

19. TITLE

20. DATE

According to the Paperwork Reduction Act of 1995, no persons are 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 1.7 hours 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.

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ANIMAL AND PLANT HEALTH INSPECTION SERVICE

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NA

2. PAGE

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3. DATE OF DISPOSITION

06/12/19

4. DEALER'S LICENSE NO.

NA

5. SELLER OR DONOR (Name and Address, Include Zip Code)

Angela J. Grippo, PhD
Associate Professor, Northern Illinois University
Department of Psychology
815-753-0372
angelagrippo@niu.edu

6. BUYER OR RECEIVER (Name and Address, Include Zip Code)

Miami U. Ecology Research Ctr., 5806 Somerville Rd., Oxford,
OH, 45056

7. USDA LICENSE NO. (If any)

31-R-029

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A. CON TAINER TAG NO. CRATE OR PEN NO.	B. NO ANI- MALS	C. PREVIOUS INVOICE NO. (If any)	D. INDIVIDUAL IDENT TATTOOS, TAG NOS. (If applicable)	E. SPECIES	AGE - SEX				H. EST, WEIGHT (lbs.)	I. REMARKS (Condition, etc.)	RECEIVER'S USE	
					F.		G.				J.	K.
					NO. YOUNG		NO. ADULT					
1	48		Cage Card	Microtus Ochrog	M	F	M	F		Cage cards		
					M	F	M	F				
					M	F	M	F				
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					M	F	M	F				
					M	F	M	F				

DELIVERY BY COMMERCIAL CARRIER

9. DELIVERY BY ("X" one)

10. TRUCK LICENSE NO.

11. BILL OF LADING NO.

12. NAME AND ADDRESS OF COMPANY OR FIRM

13. NAME AND ADDRESS OF TRUCK DRIVER

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U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

This record is required by law (7 U.S.C. 2131-2156). Failure to maintain this record can result in suspension or revocation of license.

FORM APPROVED: OMB NO 0579-0036

Public reporting burden for this collection of information is estimated to average 1.0 annual hour per recordkeeper including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Agriculture, Paperwork Project, Room 404-B, Washington, D.C. 20250, and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

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