



New York State Department of Agriculture and Markets
 Division of Animal Industry
 10B Airline Dr.
 Albany, NY 12235



VETERINARY CARE PLAN

A PROGRAM OF VETERINARY CARE HAS BEEN ESTABLISHED BETWEEN:

LICENSEE/REGISTRANT		VETERINARIAN
1. NAME:		1. NAME:
2. BUSINESS NAME:		2. CLINIC NAME:
3. BUSINESS ADDRESS:		3. BUSINESS ADDRESS
5. CITY, STATE, AND ZIP CODE:		5. CITY, STATE, AND ZIP CODE:
6. TELEPHONE NUMBER (Home):	TELEPHONE NUMBER (Business):	6. TELEPHONE NUMBER (Business):

According to Article 26-A §401.5; Licensed pet dealers “shall designate an attending veterinarian who shall provide veterinary care to the dealer’s animals which shall include a written program of veterinary care and regular *visits to the pet dealer’s premises*”. **Veterinary visits to the pet dealer’s premises must occur at least once a year.**

The signing of this form means that you have reviewed the program of veterinary care and understand your responsibilities. The business address of the licensee is the address that will be visited per this plan. If the information contained within this plan is altered by either party, the plan must reflect the change within two weeks.

This sheet must remain attached to the current plan at all times, completed in its entirety and signed by both parties to be valid.

SIGNATURE OF LICENSEE/REGISTRANT:	LICENSE #	DATE:
SIGNATURE OF VETERINARIAN:	LICENSE #	DATE:

EMERGENCY CARE – DETAIL PROVISIONS FOR EMERGENCY, OR WHEN FACILITY IS CLOSED FOR EXTENDED PERIODS

• **VACCINATIONS – TYPE & FREQUENCY (AGES) OF VACCINE ADMINISTRATION FOR THE FOLLOWING:**

CANINE			FELINE		
	1st Dose	Booster		1st Dose	Booster
DISTEMPER			RHINOTRACHEITIS		
ADENOVIRUS			CALICI		
PARVO			PANLEUKOPENIA		
PARAINFLUENZA			RABIES (Req'd btwn 12w-4m)		
RABIES (Req'd btwn 12w-4m)			LEUKEMIA (FELV)		
LEPTOSPIROSIS					
BORDATELLA					

• **PARASITE CONTROL – FREQUENCY OF SAMPLING OR TREATMENT FOR THE FOLLOWING:**

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

INTESTINAL PARASITES (*Roundworm, Whipworm, Tapeworm, Hookworm, Coccidia, Giardia, Fecals & Deworming*):

SKIN CONDITIONS (*Ringworm*):

BLOOD PARASITES (*Heartworm, Babesia, Ehrlichia, Other*):

• **SICK/INJURED CARE & MEDICATIONS— ANY TREATMENTS PERFORMED ON SITE (MEDICATION & DOSAGES), EXTENT OF TREATMENT BEFORE CLINIC VISIT IS MADE:**

RESPIRATORY (*Coughing, Sneezing, Soiled Nose or Eyes*)

INTESTINAL (*Vomiting, Diarrhea, Anorectic*)

ABNORMALITIES (*Limping, Limb Favoring, Failure to Thrive*)

• **OBSERVATION — DESCRIBE SCHEDULES OF DAILY MONITORING. Indicate all areas where animals are housed.**

1)

2)

3)

- EXERCISE PROTOCOL – DETAIL FREQUENCY, LOCATION AND FORM OF RECORDING:**

ANIMAL OR GROUP of ANIMALS	EXERCISE TIME ALLOTTED	AREA TO BE USED—(Cage or outdoor)

IDENTIFY HOW EXERCISE ACTIVITY IS BEING RECORDED:

- RECORDED VISITS - SIGNATURE OF DESIGNATED VETERINARIAN (REQUIRED FOR INSPECTION)**

VETERINARIAN'S SIGNATURE	DATE