



**Missouri Department of Agriculture**  
**Animal Care Program**  
**Program of Veterinary Care for ACFA Licensees/Applicants**

**PROGRAM OF VETERINARY CARE INSTRUCTIONS**

Each licensee subject to the Animal Care Facilities Act is responsible for providing “necessary veterinary care” to all dogs covered under 273.345, RSMo. “Necessary veterinary care” as defined by 273.345, RSMo means, at minimum examination at least once yearly by a licensed veterinarian, prompt treatment of any serious illness or injury by a licensed veterinarian, and where needed, humane euthanasia by a licensed veterinarian using lawful techniques deemed acceptable by the American Veterinary Medical Association.

The attending veterinarian shall establish, maintain, and supervise a Program of Veterinary Care for dogs covered under 273.345, RSMo. The program shall include an veterinary examination at least once yearly by a licensed veterinarian, including, at minimum, a complete physical evaluation from head to tail of a covered dog or cat to include auscultation, palpation, and a visual inspection in which the heart rate, respiratory rate, breeding soundness and the results of the palpation are assessed and recorded as indicated on the forms provided. The veterinarian shall consult on vaccination schedules, protocols for disease control and prevention; pest and parasite control; nutrition; and euthanasia for all covered dogs on the premises of the licensee/kennel owner. The program should include regularly scheduled visits to the premises by the veterinarian to monitor animal health and husbandry practices to occur at a minimum once yearly.

This form shall be used for the Program of Veterinary Care (POVC) as required by 273.345, RSMo and 2 CRS 30-9.020. The properly completed POVC should be kept as part of licensee’s records and readily available for review by an Animal Care inspector. Each licensee needs a new POVC form every year or upon changing of attending veterinarian or any significant changes in protocols. This form shall be completed by attending veterinarian, unless otherwise stated. If the space provided is not adequate for a specific topic, additional sheets may be added. The forms are available at [www.mda.mo.gov](http://www.mda.mo.gov).

The Program of Veterinary Care (POVC) must be signed by both the licensee/applicant and the licensee’s attending veterinarian.

For questions related to the Program of Veterinary Care contact Matt Rold, Program Coordinator or Dr. Jean Stark, Program Veterinarian at 573-751-3377.

**Section I: A Program Of Veterinary Care Has Been Established Between:**

<b>A. Licensee / Applicant</b>		
1. ACFA/USDA APPLICANT NUMBER		
2. BUSINESS NAME		
3. NAME		
4. MAILING ADDRESS		
5. CITY	STATE	ZIP CODE
6. TELEPHONE NUMBER (Home/Business)	7. E-MAIL	
8. EMERGENCY CONTACT NUMBER		

<b>B. Veterinarian</b>		
1. NAME		
2. CLINIC		
3. STATE VET LICENSE NUMBER		
4. BUSINESS ADDRESS		
5. CITY	STATE	ZIP CODE
6. TELEPHONE NUMBER (Home/Business)	7. E-MAIL	
8. EMERGENCY CONTACT NUMBER		

## Section II: Animal Health and Husbandry

A. Vaccine Products Administered and Frequency				
Product	Purpose	Frequency	Juvenile	Adult
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
<b>B. Parasite Control Program:</b> Describe the frequency of sampling or treatment for the following: (Include medications, concentration and administration.)				
1. ECTOPARASITES (Fleas, Ticks, Mites, Lice, Flies, Other)				
2. BLOOD PARASITES (Heartworm, Babesia, Ehrlichia, Other)				
3. INTESTINAL PARASITES (Roundworms, Hookworms, Whipworms, Tapeworms, Coccidia, Giardia, Other). Include Recommendations On Anthelmintic Alternation.				
<b>C. Pest Control Program:</b> (Include products used and/or steps taken to reduce/prevent rodent population)				
<b>D. Emergency Care:</b> (Describe provisions for emergency, weekend, and holiday care). List any additional veterinarians used.				
<b>E. Method(s) Of Euthanasia:</b> Sick, diseased, or injured animals shall be provided with veterinary care or euthanized in accordance with the AVMA recommendations. Euthanasia must be carried out by a licensed veterinarian using the following procedures: Include medication, concentration, and administration.				

## Section II: Animal Health and Husbandry (continued)

**F. Nutrition:** DESCRIBE NUTRITIONAL PLAN FOR ALL DOGS IN THE KENNEL – PREGNANT BITCHES, PUPPIES AND ADULT BREEDING DOGS, INCLUDING ANY SUPPLEMENTS USED.

**G. Exercise Program:** A SPECIFIC PLAN IS REQUIRED AND MUST BE VERIFIABLE.

The exercise program will be met by: (please check one)

Constant and unfettered access

Outdoor exercise plan

If outdoor exercise plan, the plan must be filed and approved by the Department of Agriculture.

**H. Non-Climate Control Whelping:** (IF APPLICABLE) UNWEANED PUPPIES CANNOT BE KEPT IN OUTDOOR FACILITIES UNLESS THAT PRACTICE IS SPECIFICALLY APPROVED BY THE ATTENDING VETERINARIAN. PLEASE LIST TEMPERATURE RESTRICTIONS AND ANY NECESSARY FACILITY MODIFICATIONS.

**I. Reproduction:** DESCRIBE SOUND BREEDING PRACTICES THAT ACCOUNT FOR SPECIES, AGE, AND GENERAL HEALTH OF THE BREEDING DOGS UNDER CARE OF THE LICENSEE, CONTROL OF VENEREAL DISEASE AND CONTROL OF GENETIC DEFECTS/CONGENITAL CONDITIONS.

**J. Quarantine and Isolation Procedures:**

**K. Proper Handling and Use of Biologics and Prescription Medications:**

**L. Other:**



### **Section III: Signature of Record**

#### **A. Licensee**

By signing below, I attest that the animals covered are in compliance with the requirements of 2 CSR 30-9 including but not limited to the daily observation by myself or my staff for their health and well-being, are properly housed, fed, watered and cleaned, that the animals each receive a veterinary examination yearly by the veterinarian listed below, and that the veterinarian has reviewed and approved the practices outlined in this document.

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SIGNATURE OF LICENSEE/APPLICANT

DATE

#### **B. Attending Veterinarian**

By signing below, I attest that the covered animals meet with the veterinary requirements of 2 CSR 30-9 and that I have conducted individual examinations of all the animals listed on the examination form as defined in the Program of Veterinary Care Instructions and declared the animals free of visible signs of injury or disease except as noted, that I have consulted with the licensee on sound breeding practices, that I have reviewed the licensee's preventative care protocols, and I approved of the licensee's plans for providing the frequency, method and duration of the opportunity for the animals to exercise.

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SIGNATURE OF ATTENDING VETERINARIAN

DATE